FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response. | 0.5 | | | | | | | |

| | tion 1(b). | | | | | | | a) of the Sec Investment | | | | .934 | | liouis | peries | sporise. | 0.5 | |
|---|---|-------------------------------------|--|-----------------|--|------------------------|---|-----------------------------|--|----------------------|---|---|---|--|---------------------------------------|----------|-----|--|
| Name and Address of Reporting Person* Goldenberg Gary | | | | 2. | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Verrica Pharmaceuticals Inc. [VRCA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| | RRICA PH | irst) ARMACEUTIC TREET, SUITE | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2021 | | | | | | | helow) | Officer (give title below) Other (specify below) Chief Medical Officer | | | | | |
| (Street) WEST CHESTE | | | 19380 (Zip) | 4. | | | | | | | 6. Lir | ndividual or Joint/Group Filing (Check Applicable b) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tak | ole I - Non-D | erivativ | e Se | curities | s Ac | quired, [| Disp | osed o | f, or Be | neficia | ly Owned | | | | | |
| Date | | | Fransaction te onth/Day/Y | Execution Date, | | Code V Amount (A) or B | | str. 3, 4 an | and Securities Beneficially Owned Followir Reported Transaction(s) | | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | Table II - Dei (e.ç | | | | | | spo | sed of, | | eficially | (Instr. 3 | and 4) | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date if any (Month/Day/Yea | Code | Fransaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to Buy) | \$14.32 | 03/01/2021 | | A | | 65,000 | | (1) | 02 | 2/28/2031 | Common Stock | 65,000 | \$0.00 | 65,000 | 0 | D | | |

Explanation of Responses:

1. 25% of the total shares subject to the option shall vest on March 1, 2022 and 1/48th of the total shares subject to the option shall vest monthly thereafter over the remaining three years of the vesting period, subject to the Reporting Person's continuous service through such vesting date.

Remarks:

/s/ Mark Ballantyne, Attorney-

03/03/2021

in-Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.