FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
|   | Estimated average burden |           |  |  |  |  |  |  |  |  |
| ı | hours per respense:      | 0.5       |  |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     Bonaccorso Joe                                 |  |  |   |        | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  Verrica Pharmaceuticals Inc. [ VRCA ] |    |   |     |  |                 |  |                 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify |        |                                    |   |          |  |                                       |
|--|--|--|---|--------|---|----|---|-----|--|-----------------|--|-----------------|---|--------|------------------------------------|---|----------|--|---------------------------------------|
| (Last) (First) (Middle) C/O VERRICA PHARMACEUTICALS INC. 10 NORTH HIGH STREET, SUITE 200 |  |  |   |        | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019                               |    |   |     |  |                 |  |                 |   | oelow) | ef Comm                            | iercia  | below)   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                  |                                       |
| (Street) WEST CHESTER PA 19380   |  | 4. If                                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |        |   |    |   |     |  |                 | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |                 |   |        |                                    |   |          |  |                                       |
| (City)   | (St  | rate)                                      | (Zip)   |        |   |    |   |     |  |                 |  |                 |   |        |                                    |   |          |  |                                       |
|  |  | Tab  | le I - Non  | -Deriv | ative   | Se | curities  | AC  | quired, [  | Disp            | osed o   | f, or Be        | neficia   | ly Ov  | vned                               |   |          |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da                               |  |  |   |        | Execution Date,   |    | 3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5) |     |  |                 | , 4 and See<br>Bei<br>Ow   |                 | Amount of ecurities eneficially wned Following eported  |        | : Direct<br>Indirect<br>str. 4)    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |          |  |                                       |
|  |  |  |   |        |   |    | Code  | v   | Amount   | ount (A) or (D) |  | Tra             | ansacti<br>istr. 3 a  | on(s)  |                                    |   | ,msu. 4) |  |                                       |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |        |   |    |   |     |  |                 |  |                 |   |        |                                    |   |          |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | 4.<br>Transactior<br>Code (Instr.<br>8)   |    |   |     | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Year |                 | of Secu<br>Underly<br>Derivati   |                 | Title and Amount f Securities nderlying erivative Security nstr. 3 and 4)   |        | ice of<br>vative<br>urity<br>r. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |  |   |        | Code  | v  | (A)   | (D) | Date<br>Exercisable                                    |                 | xpiration<br>ate   | Title           | Amount<br>or<br>Number<br>of<br>Shares  |        |                                    |   |          |  |                                       |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)   | \$11.32  | 02/28/2019                                 |   |        | A   |    | 61,260  |     | (1)  | 0               | 2/27/2029  | Common<br>Stock | 61,260  | \$0    | .00                                | 61,260  | )        | D  |                                       |

1. 25% of shares subject to the Option shall vest on February 28, 2020 (the "Initial Vesting Date"), and 1/48th of the shares subject to the Option shall vest each month thereafter on the same day of the month as the Initial Vesting Date, subject to the Reporting Person continuing to be a service provider through each such date.

## Remarks:

/s/ Mark Ballantyne, Attorney-

03/04/2019

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.