FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
|--------------|------|-------|--|
| vasilington, | D.C. | 20040 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| houre per reenonce: | 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

| 1. Name and Address of Reporting Person* GANDOLFO JOHN P | | | | 2. Issuer Name and Ticker or Trading Symbol electroCore , Inc. [ECOR] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--|--|--|--------------|----------------------------------|--|---|------------------|----------------------|---|--|---|--|--|--|
| (Last) (First) (Middle) 150 ALLEN ROAD, SUITE 201 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2020 | | | | | | | | | give title | | 10% Ow Other (s _l below) | |
| (Street) BASKIN RIDGE (City) | N | | 07920 (Zip) | 4. | | | | | | | | 6. In Line | Form fil | r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | Transaction ate ate ate/Day/ | Execution Date, | | Code (Instr. | | | 5. Amoun Securities Beneficia Owned Fo | Form (D) or | | Direct Indirect Etr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transacti | ansaction(s) estr. 3 and 4) | | | 111511. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | re es d (A) sed str. | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Ar of Securities Underlying Derivative Sec (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) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | 11(5) | | |
| Deferred Stock Units | \$0.00 | 04/02/2020 | | A | | 150,000 | | (1) | 04 | 4/02/2030 | Common Stock | 150,000 | \$0.00 | 150,000 | | D | |

Explanation of Responses:

1. The deferred stock units vest (i) in 36 equal monthly increments over a period of 36 months from the grant date, and (ii) in full on the date immediately prior to a change of control, in each case provided that the Reporting Person remains in continuous service with the Issuer or an affiliate through the applicable vesting date.

Remarks:

/s/ John Gandolfo

04/06/2020

** 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.