FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

ENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Posard Matthew L. | | | | | | 2. Issuer Name and Ticker or Trading Symbol DermTech, Inc. [DMTK] | | | | | | | | | | lationship of Reportin k all applicable) Director Officer (give title below) | | ng Person(s) to Issuer 10% Owner | | |
|---|--|--------|-----------|---------|---|--|---|--------------------------------|--|-----|---|---|---------------|---------------------|--|--|---|---|--|--|
| (Last) (First) (Middle) 11099 N. TORREY PINES RD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2020 | | | | | | | | | | | | | | Other (specify below) | |
| SUITE 100 (Street) LA JOLLA CA 92037 | | | | | 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 | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | | | | 9 |
| | | Tabl | e I - Nor | า-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ur) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | , 4 and S | | 5. Amount of Securities Beneficially Owned Following Reported | | ship rect direct 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | or Price | | Transaction(s) (Instr. 3 and 4) | | | | (|
| Common Stock | | | | 01/30 | 01/30/2020 | | | | | | 6,000(|) ⁽¹⁾ A | | \$ <mark>0</mark> . | .00 3 | | 5,263 | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | | ative rities ired sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direct or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of Sha | res | | | | | | |

Explanation of Responses:

1. The securities awarded are in the form of restricted stock units issued pursuant to the issuer's Amended and Restated 2010 Stock Plan. Each restricted stock unit represents a contingent right to receive one share of issuer common stock. Subject to the reporting person's continued service, all of the restricted stock units shall vest in a single installment on the date of the 2020 annual meeting of the stockholders of the issuer.

Remarks:

/s/ Christian C. Hollweg, attorney-in-fact

** Signature of Reporting Person Date

02/03/2020

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.