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

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)											
1. Name and Address of Reporting Pe BARBARI SHARON SURREY	2. Issuer Name <b>and</b> Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O SONOMA PHARMACEU INC., 1129 NORTH MCDOWE	/	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017					Officer (give title below)	Other (specify b	below)		
(Street) PETALUMA, CA 94954		4. If Amendment, Date 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) (State)	(Zip)	Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			Code	V	Amount	Amount (A) or (D) Price			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$0.0001 par value per share	02/28/2017		А		2,250	А	<u>(1)</u>	8,494	D		
Common Stock, \$0.0001 par value per share	03/01/2017		А		710	А	<u>(2)</u>	9,204	D		

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

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 control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.1	Numbe	r 6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	rivativ	e (Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		curities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired			(Instr	r. 3 and		Owned	Security:	(Instr. 4)
	Security				(A)				4)			0	Direct (D)	
						sposed						· · · · · · ·	or Indirect	
					of (	· ·						Transaction(s)	< / <	
						str. 3,						(Instr. 4)	(Instr. 4)	
					4, a	and 5)								
										Amount				
							Date	Expiration		or				
							Exercisable	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A	.) (D)				Shares				

## **Reporting Owners**

Describer Operation Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARBARI SHARON SURREY C/O SONOMA PHARMACEUTICALS, INC. 1129 NORTH MCDOWELL BLVD. PETALUMA, CA 94954	Х						

### Signatures

/s/ Robert Miller as attorney-in-fact	03/02/2017
**Signature of Reporting Person	Date

# **Explanation of Responses:**

\* 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).

(1) The stock was granted by the Issuer as an annual grant pursuant to the Non-Employee Director Compensation Plan.

(2) The stock was granted by the Issuer as a quarterly retainer pursuant to the Non-Employee Director Compensation Plan.

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

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