FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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).

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

1 37 1															
(Print or Type Responses) 1. Name and Address of Reporting Person * MCLAUGHLIN JOHN			2. Issuer Name and 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) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 N. MCDOWELL BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017						Officer	(give title belo	w)	Other (specify b	elow)		
(Street)				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				
PETALUM.	A, CA 9	4954									roini ine	u by More man	One Reporting	reison	
(City)		(State)	(Zip)	Ta	ble I - I	Non-E	D eriva	ative Se	curities	Acqui	ired, Dispo	sed of, or I	Beneficially	Owned	
1.Title of Secu (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, any (Month/Day/Yea	if Code (Inst	Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securit Beneficially Owned Reported Transaction (Instr. 3 and 4)		Following	Form: Direct (D)	Beneficial Ownership	
					Со	de	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common St value per sh		0001 par	02/28/2017		A		2	2,250	A	<u>(1)</u>	10,249			D	
~ ~	tock, \$0.0	0001 par	02/01/2017					276		(2)	11,225			D	
Common St value per sh		P	03/01/2017		A		9	976	A	<u>(2)</u>	11,223			D	
value per sh	nare		or each class of secu	rities beneficially				9/6	A	(2)	11,223			D	
value per sh Reminder: Rep	nare			rities beneficially		direct	ly or ersoi ontai	ns who	o respo	nd to	the colle	ction of in uired to re I OMB cor	spond un	S	EC 1474 (9- 02)
value per sh Reminder: Rej indirectly.	nare	separate line fo	or each class of secu Table II - D	perivative Securi	owned	direct P C tt	ly or erson ontai ne for , Dispons, co	ns who ined in rm dis posed o	o respo this fo plays a f, or Ben ible secu	nd to rm ar curre	the colle e not req ently valid	uired to re I OMB cor	spond un itrol numb	S less er.	02)
Reminder: Rejindirectly. 1. Title of Derivative Security (Instr. 3)	eport on a s	separate line fo	Table II - D (a) 1 3A. Deemed Execution Da any	Derivative Securi	owned ies Acq arrants 5. Nur	P c the uired (a potion of the control of the contr	ly or ersor ontaine for , Dispons, co	ns who ined in rm dis	or respond this for plays a f, or Bendible secutions able on Date	nd to rm ar curre reficia rities) 7. T Am Und	the colle e not requently valid	uired to re I OMB cor	spond un atrol numb	of 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indirect Beneficia Ownersh (Instr. 4)

Reporting Owners

Barratha Orana Nama / Addams	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MCLAUGHLIN JOHN C/O SONOMA PHARMACEUTICALS, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	X					

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.