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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Schutz James J	2. Issuer Name and Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner X_ Officer (give title below) Other (specify below) Chief Executive Officer					
(Last) (First) C/O SONOMA PHARMACEU INC., 1129 N. MCDOWELL BI	3. Date of Earliest Transaction (Month/Day/Year) 03/03/2017											
(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 Securi					curities	a Acqui	quired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		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	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock, par value \$0.0001 per share	03/03/2017		Р		696	А	\$ 6.78	11,736	D			
Common Stock, par value \$0.0001 per share	03/03/2017		Р		104 A \$6.75		\$ 6.75	11,840	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

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. N	umber	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	Der	ivative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secu	urities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Acq	uired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A)				4)			0	Direct (D)	
						posed						- F	or Indirect	
					of (l	· ·						Transaction(s)	< /	
					(Ins							(Instr. 4)	(Instr. 4)	
					4, ai	1d 5)								
										Amount				
							Date	Expiration		or				
							Exercisable	Expiration Date	Title	Number				
								Dur		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Den effer Orner News (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Schutz James J C/O SONOMA PHARMACEUTICALS, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	Х		Chief Executive Officer				

Signatures

/s/ Robert Miller as attorney in fact	03/07/2017
**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).

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.