FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| ours per response | | | | | |

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | |
|--|---|-----------------|---|--|--|-----------------|---|-------------------------------------|---|--|--|----------------|---------------|-------------------------|--------------|
| 1. Name and Address of Reporting Person * Miller Robert E | | | | 2. Issuer Name and Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Chief Financial Officer | | | | | |
| (Last) (First) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 N. MCDOWELL BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2017 | | | | | | | | | | | |
| (Street) | | | 4. If A | 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 | | | | | | |
| | MA, CA 9 | 4954 | | | | | | | | | rom med | i by More than | One Reporting | Person | |
| (City |) | (State) | (Zip) | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of S (Instr. 3) | security | | 2. Transaction Date (Month/Day/Year | r) any | emed ion Date, if | Code (Instr. | 8) | (A) or (D) | Disposed 3, 4 and 5 (A) or | of 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | or Indirect | Beneficial Ownership | |
| Common value per | Stock, \$0. | 0001 par | 03/09/2017 | | | P | e v | 250 | 1 | Price \$ 6.97 | 7,964 | | | (Instr. 4) | See Note |
| Common value per | Stock, \$0. share | 0001 par | 03/09/2017 | | | P | | 250 | A | \$ 6.96 | 8,214 | | | I | See Note (1) |
| Common value per | Stock, \$0. share | 0001 par | 03/09/2017 | | | P | | 250 | A | \$ 7.14 | 8,464 | | | I | See Note |
| Common value per | Stock, \$0. share | 0001 par | | | | | | | | | 15,964 | | | D | |
| Reminder: indirectly. | Report on a | separate line f | for each class of sec | curities be | eneficially o | owned di | | | ho respo | and to | the colle | ction of ir | nformation | s S | EC 1474 (9- |
| | Persons who respond to the collection of information SEC 1474 (9- contained in this form are not required to respond unless 02) the form displays a currently valid OMB control number. | | | | | | | | | | | | | | |
| | | | | | ve Securitions, calls, wa | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date (Month/Day/Year) Date or Exercise Price of Derivative Price of Derivative One Derivative Conversion Date (Month/Day/Year) Execution Date, if Code (Month/Day/Year) (Month/Day/Year) One Derivative (Month/Day/Year) Securities Acquired Conversion Date (Month/Day/Year) One Derivative Code (Month/Day/Year) Securities Acquired Code (Month/Day/Year) | | 7. T Am Und Sec | Title and amount of Inderlying ecurities (Instr. 3 and Security Security Security Securities Owned Security Securities Owned Security Securities Securities Security Securities S | | | Owners Form of Derivati Security Direct (or Indire | ve Ownership 7: (Instr. 4) D) | | | | | | | |
| | | | | | Code V | (A) (I | | te ercisable | Expiration Date | on Titl | Amount or Number of Shares | | | | |
| Reporting Owners | | | | | | | | | | | | | | | |
| n | Relationships | | | | | | | | | | | | | | |
| Reporting Owner Name / Address | | | Director | 10% Owr | ner Off | icer | | | Other | | | | | | |
| Miller Ro | Miller Robert E | | | | | | | | | | | | | | |

Chief Financial Officer

Signatures

| /s/ Robert E. Miller | 03/13/2017 |
|-------------------------------|------------|
| Signature of Reporting Person | Date |

C/O SONOMA PHARMACEUTICALS, INC.

1129 N. MCDOWELL BLVD. PETALUMA, CA 94954

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) These shares are owned by Mr. Miller as trustee for The Miller 2005 Grandchildren's Trust, for which Mr. Miller and his wife, Margaret I. Miller, are the trustees.

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.