FORM	4
------	---

(Print or Type Responses)

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

1. Name and Address of Miller Robert E	2. Issuer Name <b>an</b> Sonoma Pharmae				ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O SONOMA PHA INC., 1129 N. MCD		CALS,	3. Date of Earliest Transaction (Month/Day/Year) 04/03/2017						X_  Officer (give title below)  Other (specify below)    Chief Financial Officer			
(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 Acquired, Disposed of, or Beneficially Owned						vned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)			isposed of 4 and 5) (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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. Numb	er	6. Date Exer	rcisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code			(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie	Securities		Securities (In		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired			(Instr. 3 and 4)					(Instr. 4)	
	Security					(A) or								Direct (D)	
						Disposed	d of						1	or Indirect	
						(D) (Instal 2	4						Transaction(s)	· /	
						(Instr. 3, and 5)	4,						(Instr. 4)	(Instr. 4)	
						anu 3)									
											Amount				
								Date	Expiration		or North co				
								Exercisable	Date		Number of				
				Code	v	(A)	(D)				Shares				
Q. 1				coue	•	(11)	(D)				Shares				
Stock															
option	\$ 7.06	04/03/2017		А		30,000		<u>(1)</u>	04/03/2027	Common Stock	30,000	(2)	140,866	D	
(right to	φ /.00	01/05/2017		11		50,000			01/05/2021	Stock	50,000	<u>.                                    </u>	110,000	D	
buy)															

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Miller Robert E C/O SONOMA PHARMACEUTICALS, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954			Chief Financial Officer					

## **Signatures**

/s/ Robert E. Miller	04/05/2017
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 options vest in three years with the first one-third vesting on the first anniversary of the date of the grant, the second one-third vesting on the second anniversary of the date of the grant.

(2) The stock options were granted in connection with Mr. Miller's service as the Issuer's Chief Financial Officer.

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.