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 Response	es)											
1. Name and Address of Schutz James J	2. Issuer Name an Sonoma Pharmac			0.2	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) C/O SONOMA PH INC., 1129 N. MCI	ALS,	3. Date of Earliest Transaction (Month/Day/Year) 07/20/2018						X_Officer (give title below) Other (specify below) Chief Executive 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)	Т	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Secur	ities Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed of	of (D)	Owned Following Reported	Ownership	of Indirect	
	(Month/Day/Year)		any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)		Ownership	
										or Indirect	(Instr. 4)	
				<u> </u>			(A) or	n ·		(I) 		
				Code	V	Amount	(D)	Price		(Instr. 4)		

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. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact		of Expira		Expiration Da	Expiration Date		Amount of		Derivative	Ownership	of Indirect
		(Month/Day/Year)		Code		Derivati	erivative (Month/Day/Year)				2			Beneficial	
· · · ·	Price of		(Month/Day/Year)	(Instr. 8))	Securitie						· /	-		Ownership
	Derivative					Acquire	d	(Instr		(Owned		(Instr. 4)	
	Security					(A) or	1 0				0	Direct (D)			
						Dispose	1 01				Reported Transaction(s)	or Indirect			
						(D) (Instr. 3,	4				(Instr. 4)	(1) (Instr. 4)			
						(1130.5) and 5)	т,				(1130.4)	(111501.4)			
							1				Amount				
											or				
									Expiration		Number				
								Exercisable	Date		of				
				Code	\mathbf{V}	(A)	(D)				Shares				
Stock															
option	¢ 2 41	07/20/2019				(7 7 2 2		07/20/2019	07/20/2028	Common Stock	(7 7 2 2	(1)	102 259	D	
(right to	\$ 2.41	07/20/2018		A		67,733		07/20/2018	07/20/2028	Stock	07,733	<u>(1)</u>	193,358	D	
buy)															

Reporting Owners

	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/ Jim Schutz	07/24/2018
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 options were awarded and granted to Mr. Schutz as a bonus for fiscal year 2018.

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.