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

OMB APPROVAL					
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nours per response	e	0.5			

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

Name and Address of Reporting Person * BARBARI SHARON SURREY		2. Issuer Name and Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 NORTH MCDOWELL BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2017						_X_ Direct Officer	or r (give title belo		10% Owner Other (specify b	elow)		
(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)	1	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Sec Beneficially Own Reported Transac (Instr. 3 and 4)		ollowing	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 value per	Stock, \$0.9 share	0001 par	05/30/2017			A		754	A	<u>(1)</u>	9,958			D	
Reminder: I indirectly.	Report on a s	separate line fo	or each class of secu	rities beneficia			Perso conta the fo	ons who ained in orm dis	this for plays a	m are	e not req ntly valid	uired to re d OMB cor	formation spond unl itrol numb	ess	EC 1474 (9- 02)
			(4	g., puts, calls,	, war	rants, opt	ions,	converti	ble secu	rities)					
1. Title of Derivative Security (Instr. 3) 1. Title of 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/\footnote{\text{Month/Day/}\footnote{\text{V}}}	Execution Da any	4. Transact Code Year) (Instr. 8)	ion (of	and I	Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Code	V	(A) (D)	Date Exer	cisable I	Expiration Date	¹ Title	Amount or Number of Shares				
Repor	ting O	wners													

Paradia Communication (Addition	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
BARBARI SHARON SURREY C/O SONOMA PHARMACEUTICALS, INC. 1129 NORTH MCDOWELL BLVD. PETALUMA, CA 94954	X					

Signatures

/s/ Robert Miller as attorney-in-fact	06/01/2017
**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 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.

