FORM 4

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

OMB APPROVAL				
DMB Number:	3235-0287			
Estimated average burden				
ours per respon	se 0.5			

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 Type Responses)											
Name and Address of Reporting Person * Harrison Russell Joseph	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)			X_ Director 10% Owner Officer (give title below) Other (specify below)						
(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 PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security 2. Transaction Date (Month/Day/Y	2A. Deemed Execution Date, it any (Month/Day/Year	Code (Instr. 8)		(A) or I (D)	rities Acqu Disposed o	of	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following (s)	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
		Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, \$0.0001 par value per share 05/30/2017		A		895	A	(1)	10,905			D	
Reminder: Report on a separate line for each class of ndirectly. Table I	- Derivative Securiti	es Acquire	Personta conta the fo	ons wh ained ir orm dis	this for plays a of	m are curre	not req	uired to re d OMB cor	formation spond unle strol number	ess	EC 1474 (9- 02)
	(e.g., puts, calls, wa	1	·			— <u> </u>					
1. Title of 2. 3. Transaction Date Execution or Exercise (Month/Day/Year) Price of Derivative Security Security Security Security Security Security Security 3. Transaction Date Execution any (Month/E	Date, if Transaction Code (Instr. 8)	of	and Expiration Date (Month/Day/Year) Se (In 4)		Amo Undo Secu (Inst	tle and ount of erlying trities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form of Derivative Security: Direct (Door Indirect	Ownership (Instr. 4)	
	Code V	(A) (D)	Date Exerc	cisable l	Expiration Date	Title	Amount or Number of Shares				
Reporting Owners											

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Harrison Russell Joseph 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.

