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					

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 Respons	es)													
1. Name and Address of Reporting Person * Northey Robert Allen			2. Issuer Name and Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 NORTH MCDOWELL BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 06/29/2017						X Officer (give title below) Other (specify below) Exe. VP of Research and Dev.					
(Street) PETALUMA, CA 92954			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, D						red, Disp	isposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securi Beneficially Owned Reported Transactio (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				Code	V	Amount	(A) or (D)	Price		(I		or Indirect (I) (Instr. 4)	(Instr. 4)	
Restricted Shares C Stock, \$0.0001 par share (1)		06/29/2017		A		3,404	A	<u>(2)</u>	8,082			D		
Reminder: Report on a indirectly.	separate line fo	or each class of sec	curities beneficially of		•			1 4 -	Also sollo	-41	-f	O'	EC 1474 (0	
					cont	ained in	this for	m are	e not req	uired to re	nformation espond unle ntrol number	ess	EC 1474 (9- 02)	
			Derivative Securiti (e.g., puts, calls, wa	•		•	*		lly Owned	i				
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution D any	4. 5. Number of Transaction of		r 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. 7 An Un Sec			7. Ti Amo Und Secu (Inst			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownership (Instr. 4)	
			Code V	(A) (D)	Date Exer	e Ercisable I	Expiration Date	¹ Title	Amount or Number of Shares					
Reporting C	Owners													
Reporting O	wner Name / A	Address	S. . L.		ation	ships								
			Director 10% Owner Officer						Other					

Signatures

Northey Robert Allen

PETALUMA, CA 92954

/s/ Robert Miller as attorney in fact	06/30/2017
**Signature of Reporting Person	Date

Explanation of Responses:

C/O SONOMA PHARMACEUTICALS, INC.

1129 NORTH MCDOWELL BLVD.

- * 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 restricted shares will vest in equal increments of one-third over two years, e.g. one-third vests immediately on the date of the grant, one-third vests on the first anniversary of the date of the grant, or June 29, 2018, and the remaining one-third vests on the second anniversary of the date of the grant, or June 29, 2019.

 The restricted shares were granted by the Issuer as a performance bonus award pursuant to the FY2017 Bonus Plan, based on the closing price of the Issuer's common

Exe. VP of Research and Dev.

(2) stock of \$6.94 on June 29, 2017.

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.