# 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 Ty	pe Response	es)													
1. Name and Address of Reporting Person * Schutz James J					2. Issuer Name and Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 N. MCDOWELL BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 08/10/2017						X Officer (give title below) Other (specify below)  Chief Executive Officer				
(Street) PETALUMA, CA 94954			4. If	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						Owned				
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Ye	Exectany		(Instr. 8)	ction	(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial
				(Mon	th/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common value	Stock, \$0.	0001 par	08/10/2017			P		929	A S	\$ 5.4569	15,175			D	
Reminder: indirectly.	Report on a	separate line	for each class of	securities	s beneficially		Per	sons wh	n this fo	orm are	not req	uired to re	nformation espond unle	ess	EC 1474 (9- 02)
			Table 1		ative Securit		ed, D	oisposed (	of, or Be	eneficial			itroi numbi	ar.	
	2. 3. Transact Conversion or Exercise Price of Derivative Security		Execution (Year)	ned n Date, if	4. Transaction Code (Instr. 8)	of and		•		7. Ti Amo Undo Secu	tle and bunt of erlying rities r. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivating Security Direct (I or Indire	1
					Code V	(A) (D)		te ercisable	Expiration Date	on Title	Amount or Number of Shares				
Repor	ting O	wners													
						Dalasi	l. :				1				

Post of Community (Address	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
Schutz James J C/O SONOMA PHARMACEUTICALS, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	X		Chief Executive Officer					

## **Signatures**

/s/ Robert Miller as attorney in fact	08/10/2017
**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).

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.