# 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

Name and Address of Reporting Person * Birnbaum Jay E				2. Issuer Name <b>and</b> Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]							A]	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) 08/29/2017							y/Year)	Officer (give title below) Other (specify below)						
(Street) PETALUMA, CA 94954				4. If Amendment, Date Original Filed(Month/Day/Year)							th/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)	(Z	Zip)	Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			Date	Transaction ate Month/Day/Year)		. Deemed ecution Date, if onth/Day/Year		f Code (Instr. 8)		ction	(A) or (D)	Securities Acqui A) or Disposed of D) Instr. 3, 4 and 5)		Beneficia	ally Owned Following I Transaction(s)		Ownership Form: E Direct (D)	Beneficial Ownership
								Сс	ode	V	Amoui	(A) or (D)	Price	e			or Indirect (I) (Instr. 4)	(Instr. 4)
Common value per	Stock, \$0. share	0001 par	08/29/2	2017				A	A		715	A	<u>(1)</u>	9,876			D	
indirectly.			T	able II - De					t quire	conta the fo	ained i orm di	n this fo splays a	rm ai curre	re not req ently validately ally Owned	uired to re d OMB co	nformation espond unl ntrol numb	ess	C 1474 (9- 02)
1. Title of Derivative Security (Instr. 3) Price of Derivative Security			Year) Exe	Execution Da any		4. Transaction Code Year) (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date		7. T Am Un Sec	Fitle and nount of derlying surities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire		
					(	Code	V	(A)	(D)	Date Exerc	cisable	Expiratio Date	n Titi	Amount or le Number of Shares				
Repor	ting O	wners																

Describer Owner Verse / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Birnbaum Jay E C/O SONOMA PHARMACEUTICALS, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	X						

## **Signatures**

/s/ Robert Miller as attorney in fact	08/30/2017
**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.

