FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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 * 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) X Director 10% Owner				
(Last) (First) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 NORTH MCDOWELL BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 08/29/2017						•		r (give title belo		Other (specify b	pelow)
(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)	Ta	Table I - Non-Derivative Securities Acquired, Dispo						osed of, or	Beneficially	Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	if Co (In	f Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		f Beneficial		ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	Beneficial Ownership
					(Code	V	Amoui	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common value per	Stock, \$0. share	0001 par	08/29/2017			A		1,045	A	(1)	11,950			D	
Reminder: indirectly.	Report on a	separate line		Derivative Securites, puts, calls, w	ties Ac	o duire	Persecontaine fo	ons whained i	n this for splays a c	m are curre	e not req ently valid	uired to re d OMB co	nformation espond un ntrol numb	ess	EC 1474 (9- 02)
Security (Instr. 3)	Conversion	3. Transactic Date (Month/Day/	on 3A. Deemed Execution Day (Year) any	Transactior Code Year) (Instr. 8)	5. Non of Deri Secu Acqui (A) of Disp of (I (Inst	5. Number		6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	(Instr. 4)
				Code V	(A)	(D)	Date Exer		Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners													

Power Common Name / Add one	Relationships						
Reporting Owner Name / Address		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	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.

