FORM 4	4
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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).

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

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02)

#### 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)												
1. Name and Address of Reporting Person – Miller Robert E			2. Issuer Name <b>and</b> Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (F C/O SONOMA PHARM INC., 1129 N. MCDOV	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2017						X         Officer (give title below)         Other (specify below)           Chief Financial Officer					
(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 Person Form filed by More than One Reporting Person			
(City) (S	itate)	(Zip)	Table I - Non-Derivative Securities Acquired						red, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)			Execution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$0.000 value per share	1 par	11/21/2017		Р		1,500	А	\$ 5.03	11,778	I	See Note (1)	
Common Stock, \$0.000 value per share	1 par	11/21/2017		Р		500	А	\$ 5.04	12,278	Ι	See Note (1)	
Common Stock, \$0.000 value per share	1 par								20,088	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.1	Jumber	6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Der	ivative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Sec	urities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired			(Instr	. 3 and			Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Dis	posed						Reported	or Indirect	
					of (	D)						Transaction(s)	(I)	
						str. 3,						(Instr. 4)	(Instr. 4)	
					4, a	nd 5)								
										Amount				
							Date	Evaluation		or				
							Exercisable	Expiration Date	Title	Number				
								Date		of				
				Code V	(A	) (D)				Shares				

# **Reporting Owners**

Describer Orece Name (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Miller Robert E C/O SONOMA PHARMACEUTICALS, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954			Chief Financial Officer					

### **Signatures**

/s/ Robert Miller	11/24/2017
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) These shares are owned by Mr. Miller as trustee for The Miller 2005 Grandchildren's Trust, for which Mr. Miller and his wife, Margaret I. Miller, are the trustees.

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.