### 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 Ty   | pe Response  | s)                                       |                          |                        |   |   |             |  |                              |                       |   |   |   |  |            |                   |
|--|--|--|--------------------------|------------------------|---|---|-------------|--|------------------------------|-----------------------|---|---|---|--|------------|-------------------|
| Name and Address of Reporting Person * Schutz James J                                  |  |  |                          |                        | 2. Issuer Name and Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA] |   |             |  |                              |                       | 5   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner   |   |  |            |                   |
| (Last) (First) (Middle)<br>C/O SONOMA PHARMACEUTICALS,<br>INC., 1129 N. MCDOWELL BLVD. |  |  |                          |                        | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2017                     |   |             |  |                              |                       |   | X Officer (give title below) Other (specify below)  Chief Executive Officer   |   |  |            |                   |
| (Street)   |  |  |                          | 4. If <i>i</i>         | 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 |   |  |            |                   |
| PETALUMA, CA 94954 (City) (State) (Zip)  |  |  |                          |                        | Table I - Non-Derivative Securities Acqui                                       |   |             |  |                              |                       | Acquir  | ired, Disposed of, or Beneficially Owned  |   |  |            |                   |
| (Instr. 3) Date  |  | 2. Transaction<br>Date<br>(Month/Day/Yea | Exect<br>any             | Deemed cution Date, if | 3. Transac<br>Code<br>(Instr. 8)  | 4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5) |             | quired of  |                              |                       | Owned Following ransaction(s)                       |   | 7. Nature of Indirect Beneficial Ownership  |  |            |                   |
|  |  |  |                          |                        |   | Code  | V           | Amoun  | (A) or (D)                   | Price                 |   |   |   | or Indirect (I) (Instr. 4)   | (Instr. 4) |                   |
| Common value per   | Stock, \$0.9<br>share  | 0001 par                                 | 11/29/2017               |                        |   |   | P           |  | 400                          | A                     | \$<br>5.03  | 15,829  |   |  | D          |                   |
| indirectly.  | Report on a s  | separate line to                         | or each class of se      |                        |   |   |             | Pers<br>conta<br>the f   | ons wh<br>ained i<br>orm dis | n this fo<br>splays a | rm are<br>curre                                     | not req   | uired to re   | formation<br>espond unl<br>ntrol numb  | ess        | C 1474 (9-<br>02) |
|  |  |  | <u> </u>                 | ( <i>e.g.</i> , pı     | uts, calls,   | wa  | rrants, opt | ions,  | conver                       | tible secu            | rities)   |   |   |  | _          |                   |
| Derivative<br>Security<br>(Instr. 3)   | 2. 3. Transa: Conversion Date or Exercise Price of Derivative Security |  | Execution I<br>Year) any | Date, if               |   |   | of          | 6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year) |                              | Amo<br>Unde<br>Secu   | tle and<br>ount of<br>erlying<br>rities<br>r. 3 and |   | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | (Instr. 4) |                   |
|  |  |  |                          |                        | Code  | V   | (A) (D)     | Date<br>Exer   |                              | Expiratio<br>Date     | Title   | Amount<br>or<br>Number<br>of<br>Shares  |   |  |            |                   |
| Repor  | ting O   | wners                                    |                          |                        |   |   |             |  |                              |                       |   |   |   |  |            |                   |

| Donatha Oman Nama / Adda   | Relationships |           |                         |       |  |  |  |
|--|---------------|-----------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer                 | Other |  |  |  |
| Schutz James J<br>C/O SONOMA PHARMACEUTICALS, INC.<br>1129 N. MCDOWELL BLVD.<br>PETALUMA, CA 94954 | X             |           | Chief Executive Officer |       |  |  |  |

# **Signatures**

| /s/ Jim Schutz                | 11/29/2017 |
|-------------------------------|------------|
| 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.