FORM 4

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

OMB APPROVAL					
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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

1. Name and Address of Reporting Person * BARBARI SHARON SURREY			2. Issuer Name and Ticker or Trading Symbol Sonoma Pharmaceuticals, Inc. [SNOA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 NORTH MCDOWELL BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018						X Direc	tor r (give title belo		10% Owner Other (specify be	low)		
(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) (State) (Zip)				Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned						
1.Title of Sec (Instr. 3)	(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		if Code (Instr. 8)		(A) c (D)) or Disposed of		5. Amount of Securities Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4)		Following n(s)	Ownership Form: Direct (D)	Beneficial Ownership
						С	ode	V	Amou	(A) or (D)	Price	ce			or Indirect (I) (Instr. 4)	(Instr. 4)
Common St value per sh		0001 par	01/02/2018				A		17,21	1 A	<u>(1)</u>	41,993		D		
indirectly.			Table II - I	Derivative			quire	conta the fo d, Dis	ained i orm di sposed	in this fo splays a of, or Be	orm a curr	re not requently validated	uired to re	nformation espond unl ntrol numb	ess	C 1474 (9- 02)
1. Title of Derivative Conversion Date or Exercise (Instr. 3) 1. Title of Conversion Date (Month/Day/Year) 2.		3A. Deemed Execution Da	4. Tran	4. 5. f Transaction of Code D (Instr. 8) Sc A (A (D D of (Instr. 8) S (Instr. 8) S (Instr. 8) D (Instr. 8) D (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date		7. An Un Sec	Title and nount of derlying curities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect		
				Co	ode V	(A)	(D)	Date Exer	cisable	Expiration Date	on Tit	Amount or Number of Shares				
Report	ing O	wners														

Possetian Community (Addition	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARBARI SHARON SURREY C/O SONOMA PHARMACEUTICALS, INC. 1129 NORTH MCDOWELL BLVD. PETALUMA, CA 94954	X						

Signatures

/s/ Robert Miller as attorney-in-fact	01/03/2018
**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 bonus for services and vests immediately.

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.

