# 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

I. 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)  _X_Director Officer (give title below) Other (specify below)						
(Last) (First) (Middle) C/O SONOMA PHARMACEUTICALS, INC., 1129 NORTH MCDOWELL BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018							y/Year)							
(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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								Owned					
1.Title of Security (Instr. 3)		Date		Transaction ate Month/Day/Year)		Deemed ution Date, if nth/Day/Year)		f Code (Instr. 8)		ction	(A) or (D)	4. Securities Acqui (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficia	ally Owned Following I Transaction(s)		Ownership o Form: B Direct (D) C	Beneficial Ownership
								Co	ode	V	Amoui	(A) or	Price	e			or Indirect (I) (Instr. 4)	(Instr. 4)
Common value per	Stock, \$0. share	0001 par	03/01	/2018				1	A		1,424	A	<u>(1)</u>	43,417			D	
indirectly.	•			Table II - D					quire	conta the fo	ained i orm di	n this fo splays a	orm a curr	re not requested the real representation to the	uired to re d OMB co	nformation espond unl ntrol numb	ess	C 1474 (9- 02)
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Year) a	any	4. Transaction Code Year) (Instr. 8)		tion			6. Date Exercisable and Expiration Date		7. An An Un Sec	Title and nount of iderlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect		
						Code	V	(A)	(D)	Date Exer	cisable	Expiratio Date	on Tit	Amount or Number of Shares				
Repor	ting O	wners																

Paradia Oma Nama / Allina	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	03/02/2018
**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 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.

