# 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

Print or Type Responses)  1. Name and Address of Reporting Person *  Mayers Douglas L				2. Issuer Name and Ticker or Trading Symbol Cocrystal Pharma, Inc. [COCP]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
	(Last) (First) (Middle) 3. Date of E 15 NORTH CREEK PARKWAY 10/01/201.				of Earliest Transaction (Month/Day/Year) 2015				2	X Officer (give title below) Other (specify below)  CHIEF MEDICAL OFFICER				
(Street)				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				
	L, WA 98									Form filed by Mi	ore than One Re	eporting Person		
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea			(A) or Disposed o		Owned Followin Transaction(s)		ecurities Beneficially ng Reported		Ownership o Form: B	eneficial		
				(Mont	th/Day/Year)	Cod	e V A	(A) or	l Ì	(Instr. 3 and 4)		o (I	r Indirect (In	wnership nstr. 4)
Reminder:	Report on a	separate line for each	h class of securities	beneficia	illy owned dir	ectly of	Persons in this f	who respor	required to	o respond ι				74 (9-02)
Reminder:	Report on a	separate line for eac		- Derivat	tive Securitie	s Acqu	Persons in this f a currer	orm are not intly valid OM sed of, or Bene	required to B control eficially Ov	o respond ι number.				74 (9-02)
1. Title of Derivative	2. Conversion	3. Transaction	Table II  3A. Deemed Execution Date, if	- Derivat (e.g., pt 4. Transact Code	tive Securitie uts, calls, wan 5. Numb ion Derivativ Securitie	er of ees (A) or of (D)	Persons in this for a currer street, Disposoptions, con 6. Date Exe Expiration (Month/Day	orm are not intly valid OM sed of, or Beneavertible securitisable and Date	required to B control eficially Ovities)	o respond unumber.  wned  d Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II  3A. Deemed Execution Date, if any	- Derivat (e.g., pt 4. Transact Code	tive Securitie uts, calls, war 5. Numb- cion Derivativ Securitie 1 Acquired Disposed (Instr. 3,	er of ees (A) or of (D)	Persons in this for a currer street, Disposoptions, con 6. Date Exe Expiration (Month/Day	orm are not interpreted to the control of the contr	required to B control eficially Ovities)  7. Title an Underlying	o respond unumber.  wned  d Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

#### **Reporting Owners**

Barrandina Communi Nama / Addama	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Mayers Douglas L 19805 NORTH CREEK PARKWAY BOTHELL, WA 98011			CHIEF MEDICAL OFFICER			

## **Signatures**

/s/ Douglas L. Mayers	10/02/2015
**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 Securities vest in four equal annual increments with the first vesting date being one year from the Transaction Date.
- (2) Not applicable

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.