# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
nours per respon	se 0.5				

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

Name and Address of Reporting Person *		2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer							
WILCOX GARY			Cocrystal Pharma, Inc. [COCP]						(Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O COCRYSTAL PHARMA, INC., 1860 MONTREAL ROAD			3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016						X Officer (give title below) Other (specify below)  INTERIM CEO						
(Street) TUCKER, GA 30084			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 Acqu					Acqui	lired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye	if Code (Instr	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securi Beneficially Owned Reported Transaction (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D)	Beneficial Ownership	
					Coe	de	V Amount		(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	ζ		09/01/2016		P		10,0	000		\$ 0.41	16,948,6	505		I	By Trust
·				perivative Secur		tl uired	ontaine he form l, Dispose	d in disp d of	this for plays a	m are curre eficial	not req	uired to re d OMB co	nformation espond un ntrol numb	less	EC 1474 (9- 02)
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security			3A. Deemed Execution Da	4. Transaction Code (Instr. 8)	5. Nun of Deriva Securi Acquii (A) or Dispos of (D) (Instr.	of ar Derivative (N Securities Acquired (A) or Disposed		Date Exercisable d Expiration Date (onth/Day/Year)		7. Ti Amo Und Secu	Amount or	of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Owners (Instr. 4 D)
				Code V	(A)		Date Exercisab		xpiration ate	Title	Number of Shares				
Reporting	g O	wners		Palationsk											

Donatics Community (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WILCOX GARY C/O COCRYSTAL PHARMA, INC. 1860 MONTREAL ROAD TUCKER, GA 30084	X		INTERIM CEO				

## **Signatures**

/s/ Gary Wilcox	09/06/2016
Signature of Reporting	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.

