# FORM 4

## 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					

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 Ty	pe Response	es)																	
Name and Address of Reporting Person * Schinazi Raymond F						2. Issuer Name and Ticker or Trading Symbol Cocrystal Pharma, Inc. [COCP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) C/O COCRYSTAL PHARMA, INC., 1860 MONTREAL ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016						•		(give title belo		Other (specify	pelow)		
(Street) TUCKER, GA 30084						4. If Amendment, Date Original Filed(Month/Day/Year)							y/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)			Tal	ble I -	Non-	Der	ivative S	Secu	rities A	Acqui	red, Dispo	osed of, or l	Beneficially	Owned	
1.Title of S (Instr. 3)	ecurity	Date	Date	Transaction ate Ionth/Day/Year)		tion Date, if	3. Transaction Code (Instr. 8)		tion	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)			Beneficia Reported	Amount of Securities eneficially Owned Following eported Transaction(s) nstr. 3 and 4)		Ownership of Form:	Beneficial		
					(Mont	Month/Day/Year)		Code \		V	(A) or Amount (D)						Price		Ownership (Instr. 4)
Common	Stock		09/01/	/2016				P			4,878,0	)50		\$ 0.41	4,878,0	50		I	By LLC
Common	Stock														275,520	),853		D	
indirectly.	Reminder: Report on a separate line for each class of securities beneficially owned directly or ndirectly.  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.  SEC 1474 (9-contained in this form are not required to respond unless the form displays a currently valid OMB control number.																		
				Table II - l		tive Secu									lly Owned	l			
Security or Exercise (Month/Day/Year) any		·	te, if Transaction of		and Expiration Date (Month/Day/Year) Art Ur Se		Amo Und Secu (Inst	ount of derlying urities str. 3 and Amount		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownership (Instr. 4) D) ect							
						Code	v	(A)	(D)	Dat Exe		Exp Dat	oiration e	Title	or Number of Shares				

### **Reporting Owners**

Daniel Communication (Addison	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Schinazi Raymond F C/O COCRYSTAL PHARMA, INC. 1860 MONTREAL ROAD TUCKER, GA 30084	X	X				

### **Signatures**

/s/ Raymond F. Schinazi	09/06/2016
**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 nu	mber.