<b>FORM</b>	4
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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).				

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 1 ype Responses)												
1. Name and Addres Lee Sam	2. Issuer Name <b>and</b> Ticker or Trading Symbol Cocrystal Pharma, Inc. [COCP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) C/O COCRYSTA MONTREAL RO		(Middle) , INC., 1860	3. Date of Earliest Transaction (Month/Day/Year) 12/23/2016					[	X Officer (give title below) Other (specify below) PRESIDENT			
TUCKER, GA 30	4. If Amendment,	Date Orig	inal l	Filed(Month/Da	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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	v	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock		12/23/2016		S		2,200,000	D	\$ 0.44	13,087,847	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)													
Security	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code	5. N of Der Sec	Number ivative urities quired	6. Date Exer and Expirati (Month/Day	rcisable on Date /Year)	7. Tit Amo Unde Secu	unt of erlying	Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative	Beneficial
					of ( (Ins	posed D) str. 3, nd 5)						Transaction(s)	or Indirect (I) (Instr. 4)	
				Code V	(A)	) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Reporting Owners**

Burneling Operation Name (Address	Relationships						
Reporting Owner Name / Address	Director 10% Owne		Officer	Other			
Lee Sam C/O COCRYSTAL PHARMA, INC. 1860 MONTREAL ROAD TUCKER, GA 30084			PRESIDENT				

# Signatures

/s/ Sam Lee	12/23/2016
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.

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