FORM 4	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

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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 Pe BLOCK DAVID S	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 10% Owner			
(Last) (First) C/O COCRYSTAL PHARMA, MONTREAL ROAD	(Middle) INC., 1860	3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016					Officer (give title below) Other (specify below)			
(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 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)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(Instr. 8) (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership		
Common Stock	09/01/2016		P	v	Amount 10,000	A	Price \$ 0.41	168,696	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 (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code	5. Ni of	umber vative rities uired or osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Tit Amo Unde Secur	unt of rlying	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
					À, an	d 5)	Date	Expiration Date	Title	Amount or Number			``	
				Code V	(A)		Exercisable	Date		of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BLOCK DAVID S C/O COCRYSTAL PHARMA, INC. 1860 MONTREAL ROAD TUCKER, GA 30084	х						

Signatures

/s/ David S. Block	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 number.