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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 5, 2025

Cocrystal Pharma, Inc.

(Exact name of registrant as specified in its charter)

Delaware
(State or other Jurisdiction
of Incorporation)

001-38418
(Commission
File Number)

35-2528215
(IRS Employer
Identification No.)

19805 N. Creek Parkway
Bothell, WA
(Address of principal executive offices)

98011
(Zip Code)

Registrant's telephone number, including area code: (877) 262-7123

(Former name or former address, if changed since last report.): n/a

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock	COCP	The Nasdaq Stock Market LLC (The Nasdaq Capital Market)

Item 7.01 Regulation FD Disclosure.

On August 5, 2025, Cocrystal Pharma, Inc. (the “Company”) issued a press release announcing the presentation of safety and tolerability data from a randomized, double-blinded, placebo-controlled Phase 1 study with its oral, direct-acting pan-viral inhibitor CDI-988 at the 2025 Military Health System Research Symposium (MHSRS), being held August 4-7, 2025 in Kissimmee, Florida. A copy of the press release is being furnished as Exhibit 99.1, and a copy of the slide presentation is being furnished as Exhibit 99.2.

The information in this Item 7.01 (including Exhibits 99.1 and 99.2) shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934 (the “Exchange Act”) or otherwise subject to the liabilities under such section, and shall not be deemed to be incorporated by reference into any filing of the Company under the Securities Act of 1933 or the Exchange Act.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit	Description
99.1	Press Release dated August 5, 2025
99.2	Presentation dated August 5, 2025
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cocrystal Pharma, Inc.

Date: August 5, 2025

By: /s/ James Martin

Name: James Martin

Title: Chief Financial Officer and Co-Chief Executive Officer



Cocrystal Pharma Presents Phase 1 Results for Pan-Viral Inhibitor CDI-988 at Department of Defense Medical Conference

- All CDI-988 doses, ranging from 100 mg to 1200 mg, in the Phase 1 study were well tolerated
- Company expects to initiate Phase 1b study with CDI-988 in norovirus-infected healthy subjects later this year
- Lack of approved norovirus treatments or vaccines creates critical unmet medical need

BOTHELL, Wash. (August 5, 2025) – Cocrystal Pharma, Inc. (Nasdaq: COCP) announces the presentation of favorable safety and tolerability data from a randomized, double-blinded, placebo-controlled Phase 1 study with its oral, direct-acting pan-viral inhibitor CDI-988 at the 2025 Military Health System Research Symposium (MHSRS), being held August 4-7 in Kissimmee, Florida. The results support Cocrystal's continued clinical development of CDI-988 as a potential norovirus prophylaxis and treatment.

In *An Oral Pan-viral Protease Inhibitor for the Prevention and Treatment of Norovirus and Coronavirus Infections: Mechanism of Action and Phase 1 Study Results*, Sam Lee, Ph.D., Cocrystal President and co-CEO, discussed findings from the CDI-988 Phase 1 single-ascending (SAD) and multiple-ascending (MAD) cohorts. Data indicate that all doses, ranging from 100 mg to 1200 mg, were well tolerated. Overall treatment-emergent adverse events among CDI-988 subjects were 28% (10/36) compared with 40% (4/10) among placebo subjects for the SAD cohorts, and 53% (19/36) and 92% (11/12), respectively, for the MAD cohorts. Headache was the most common adverse event. All subjects in the SAD cohorts and all but one in the MAD cohorts completed the study. No severe treatment-emergent adverse events, no clinically relevant ECG changes and no clinically significant pathology results were reported from the CDI-988 Phase 1 single-ascending (SAD) and multiple-ascending (MAD) cohorts.

"Consistent with interim results from the Phase 1 study, CDI-988 was well-tolerated with a favorable safety profile across all dose levels tested in this study," said Dr. Lee. "Our plan to continue CDI-988's clinical development for norovirus is particularly relevant for the military, where this highly transmissible pathogen poses significant operational and economic risks. In confined settings such as naval vessels and military installations, norovirus can rapidly spread, causing debilitating gastrointestinal symptoms that could compromise mission readiness.

"The absence of approved norovirus treatments or vaccines creates a critical unmet medical need," he added. "Norovirus presents significant vaccine development challenges due to its high genetic variability and mutation rate. CDI-988's mechanism of action targeting viral replication and its broad-spectrum coverage offers a promising solution as a potential prophylactic and therapeutic intervention across all norovirus genogroups including GII.4 and GII.17. This could be a new approach to outbreak prevention and management. We expect to initiate a Phase 1b challenge study with CDI-988 in norovirus-infected healthy subjects later this year."

MHSRS is an annual educational symposium with approximately 4,000 attendees that provides a collaborative environment for military medical care providers with deployment experience, research and academic scientists, international partners and industry on research and related healthcare initiatives falling under the topic areas of combat casualty care, military operational medicine, clinical and rehabilitative medicine, information sciences, military infectious diseases and radiation health effects. More information is available [here](#).

Pan-viral Protease Inhibitor CDI-988

CDI-988 was designed and developed with Cocrystal's proprietary structure-based platform technology as a broad-spectrum inhibitor to a highly conserved region in the active site of 3CL viral proteases. Based on a novel mechanism of action and superior broad-spectrum antiviral activity, CDI-988 represents a compelling first potential oral treatment for noroviruses, and for coronaviruses.

Norovirus Infection

Norovirus is a common and highly contagious virus that afflicts people of all ages and causes symptoms of acute gastroenteritis including nausea, vomiting, stomach pain and diarrhea, as well as fatigue, fever and dehydration. Norovirus outbreaks occur most commonly in semi-closed communities such as hospitals, nursing homes, childcare facilities, cruise ships, schools and disaster relief sites. Norovirus infections are estimated to cost society approximately \$60 billion annually worldwide.

Structure-Based Drug Discovery Platform Technology

Cocrystal's proprietary structural biology, along with its expertise in enzymology and medicinal chemistry, enable its development of novel antiviral agents. The Company's platform provides a three-dimensional structure of inhibitor complexes at near-atomic resolution, providing immediate insight to guide Structure Activity Relationships. This helps to identify novel binding sites and allows for a rapid turnaround of structural information through highly automated X-ray data processing and refinement. The goal of this technology is to facilitate the development of novel broad-spectrum antivirals for the treatment of acute and chronic viral diseases.

About Cocrystal Pharma, Inc.

Cocrystal Pharma, Inc. is a clinical-stage biotechnology company discovering and developing novel antiviral therapeutics that target the replication process of influenza viruses, coronaviruses (including SARS-CoV-2), noroviruses and hepatitis C viruses. Cocrystal employs unique structure-based technologies and Nobel Prize-winning expertise to create antiviral drugs. For further information about Cocrystal, please visit www.cocrystalpharma.com.

Cautionary Note Regarding Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding the potential efficacy of CDI-988 as a potential breakthrough for norovirus prophylaxis and treatment, and the potential characteristics of and market for such product candidate and the Company's plan to initiate a Phase 1b study in 2025. The words "believe," "may," "estimate," "continue," "anticipate," "intend," "should," "plan," "could," "target," "potential," "is likely," "will," "expect" and similar expressions, as they relate to us, are intended to identify forward-looking statements. We have based these forward-looking statements largely on our current expectations and projections about future events. Some or all of the events anticipated by these forward-looking statements may not occur. Important factors that could cause actual results to differ from those in the forward-looking statements include, but are not limited to, our need for additional capital to fund our operations over the next 12 months, risks relating to our ability to obtain regulatory approval for and proceed with clinical trials including recruiting volunteers and procuring materials for such studies by our clinical research organizations and vendors, the results of such studies, our and our collaboration partners' technology and software performing as expected, general risks arising from clinical studies, receipt of regulatory approvals, regulatory changes, and potential development of effective treatments and/or vaccines by competitors, potential mutations in a virus we are targeting that may result in variants that are resistant to a product candidate we develop, the impact of the Trump Administration's policies and actions on regulation affecting the FDA and other healthcare agencies and potential staffing issues resulting therefrom, as well as other government actions such as tariffs which may cause delays or force us to incur additional costs to proceed without development programs. Further information on our risk factors is contained in our filings with the SEC, including our Annual Report on Form 10-K for the year ended December 31, 2024. Any forward-looking statement made by us herein speaks only as of the date on which it is made. Factors or events that could cause our actual results to differ may emerge from time to time, and it is not possible for us to predict all of them. We undertake no obligation to publicly update any forward-looking statement, whether as a result of new information, future developments or otherwise, except as may be required by law.

Investor Contact:

Alliance Advisors IR
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310-691-7100
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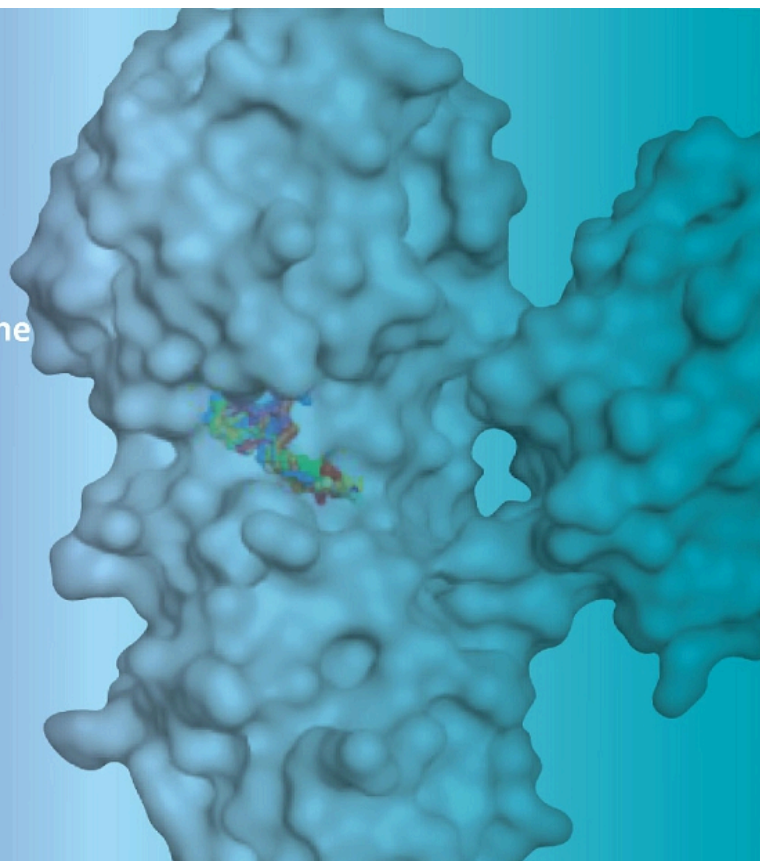


Title: An Oral Pan-viral Protease Inhibitor for the Prevention and Treatment of Norovirus and Coronavirus Infections: Mechanism of Action and Phase 1 Study Results

2025 Military Health System Research Symposium
August 4, 2025

Sam Lee, PhD

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Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including our development pipeline; our technology platform's ability to produce viable drug candidates at reduced development timelines and costs; development efforts in our clinical programs, including our ongoing Phase 2a study for oral influenza PB2 inhibitor; our Phase 1 study with 3CL protease inhibitor for coronavirus and norovirus; and the expected sufficiency of our cash balance to fund our planned operations.

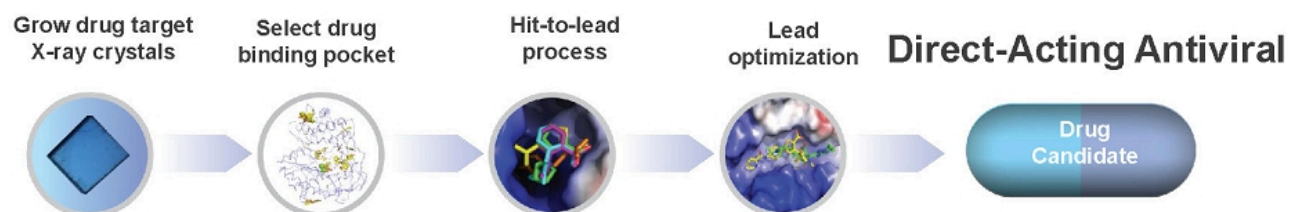
Forward-looking statements are prefaced by words such as "anticipate," "expect," "plan," "could," "may," "will," "should," "would," "intend," "seem," "potential," "appear," "continue," "future," "believe," "estimate," "forecast," "project," and similar words. Forward-looking statements are based on our current expectations and assumptions regarding our business, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict. We caution you, therefore, against relying on any of these forward-looking statements. Our actual results may differ materially from those contemplated by the forward-looking statements for a variety of reasons, including, without limitation, the risks arising from any future interest rate increases in response to inflation, uncertainty in the financial markets, the possibility of a recession and the geopolitical conflicts in Israel and Ukraine on our Company, our collaboration partners, and on the U.S., UK, Australia and global economies, our ability to proceed with studies including recruiting volunteers for and procuring or manufacturing materials for such studies by our clinical research organizations and vendors, the results of our CRO's studies referred to above, our and our collaboration partners' technology and software performing as expected and maintenance and protection of related intellectual property rights, financial difficulties experienced by certain partners and our ability to secure and maintain new collaboration partners, general risks arising from clinical trials, receipt of regulatory approvals, regulatory changes, development of effective treatments and/or vaccines by competitors, including as part of the programs financed by the U.S. government, and potential mutations in the viruses we are targeting which may result in variants that are resistant to a product candidate we develop. Further information on our risk factors is contained in our filings with the Securities and Exchange Commission, including our Annual Report on Form 10-K for the year ended December 31, 2024. Any forward-looking statement made by us in this presentation speaks only as of the date on which it is made. Factors or events that could cause our actual results to differ may emerge from time to time, and it is not possible for us to predict all of them. We undertake no obligation to publicly update any forward-looking statement, whether as a result of new information, future developments or otherwise, except as may be required by law.

Applying powerful, proprietary drug discovery platform technology to develop first- and best-in-class broad-spectrum antiviral drugs

- **Advancing programs in direct-acting small molecule antivirals**
 - Norovirus
 - Influenza
 - Coronavirus and respiratory viruses
- **Drug candidates with clinically validated mechanisms of action**
- **Proprietary drug discovery platform technology**
 - Unique drug discovery platform technology developed with Nobel Prize-winning technology

Proprietary Drug Discovery Platform Technology for Direct-Acting Antivirals

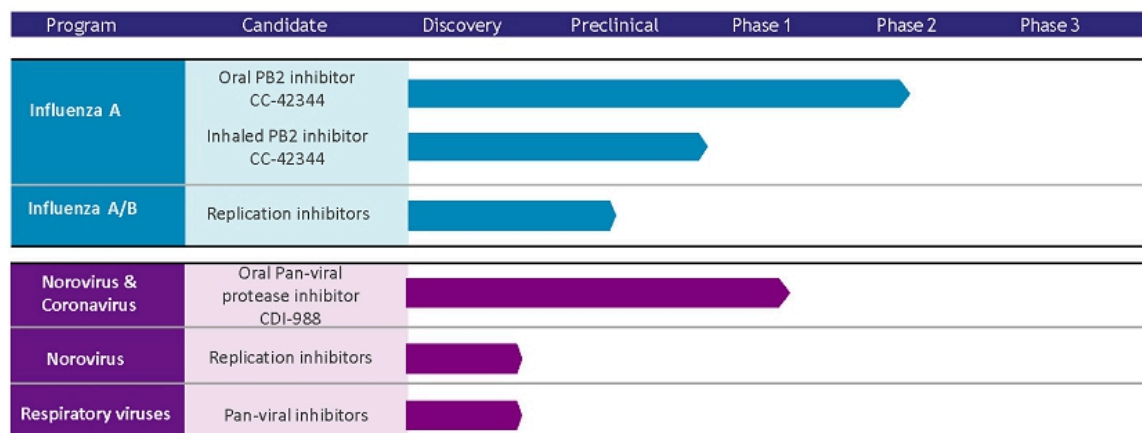
Cocrystal's technology platform provides potential for novel drug candidates at reduced development timelines and costs



Provide high-resolution 3D structures of drug target complexed with inhibitor at atomic level

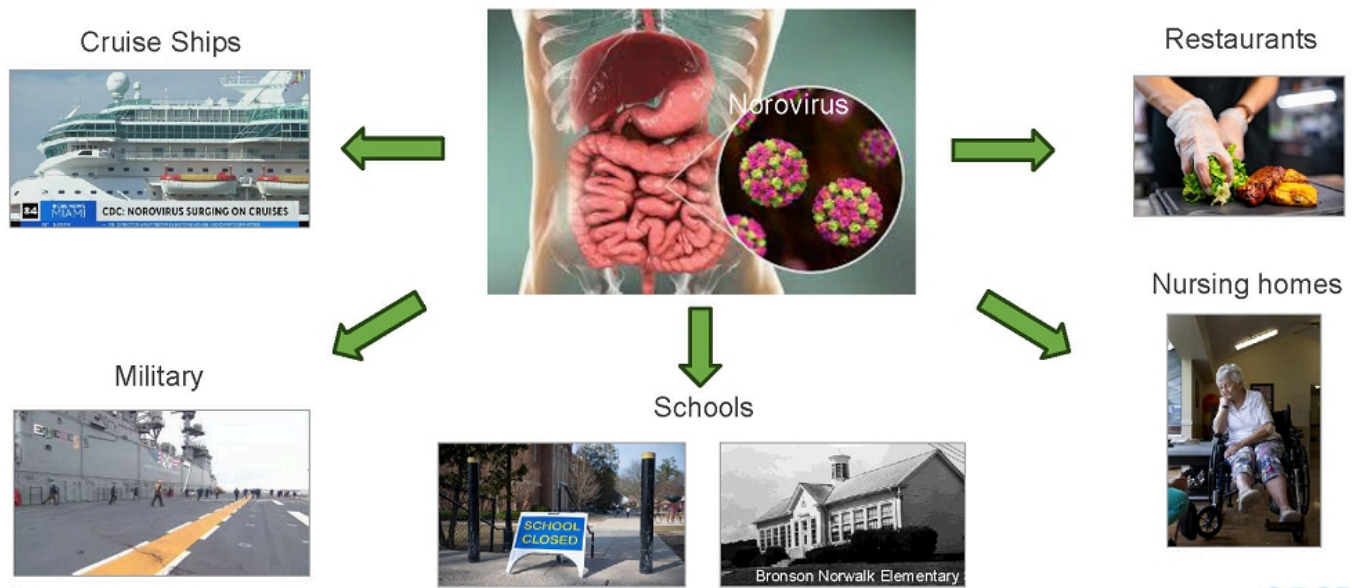
Robust Pipeline Addressing Unmet Medical Needs

Multiple clinical assets poised to deliver significant growth



Norovirus Infection : Highly Infectious and Transmissible

Norovirus Symptoms: Vomiting, Diarrhea, Stomach Cramping, Fever, Headaches, and Body Aches



Norovirus Viral Gastroenteritis Represents Significant Unmet Need

No treatment or vaccines available



Norovirus

Leading causative agent of acute viral gastroenteritis

700M

Infections annually worldwide

7

Norovirus GII.4 pandemic outbreaks

\$60B

Estimated cost annually worldwide

109K

Hospitalizations annually in the US

>19M

Reported cases annually in the US

Cocrystal's Antiviral, CDI-988:

- First-in-class oral antiviral for norovirus infection
- Potential for both prevention and treatment of viral gastroenteritis
- Additional broad-spectrum antiviral activity against coronaviruses and enterovirus D68
- Phase 1 study complete

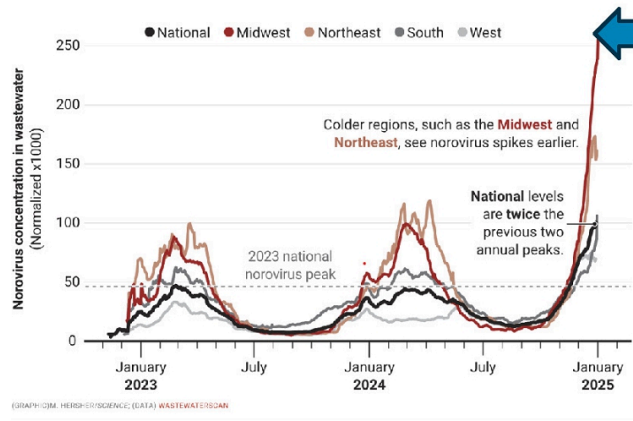
COCRYSTAL
PHARMA, INC.

Big Surge of Norovirus Outbreaks in 2024-2025 After COVID-19 Pandemic

Why the 'Ferrari of viruses' is surging through the Northern Hemisphere

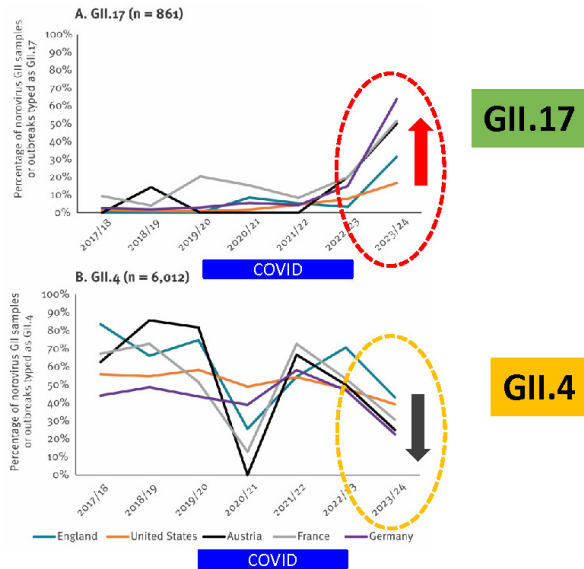
Norovirus, which causes explosive diarrhea and vomiting, may be on the rise because of an antibody-dodging variant and post-COVID-19 socializing

13 JAN 2025 • 6:00 PM ET • BY JON COHEN



2024-2025 norovirus outbreaks

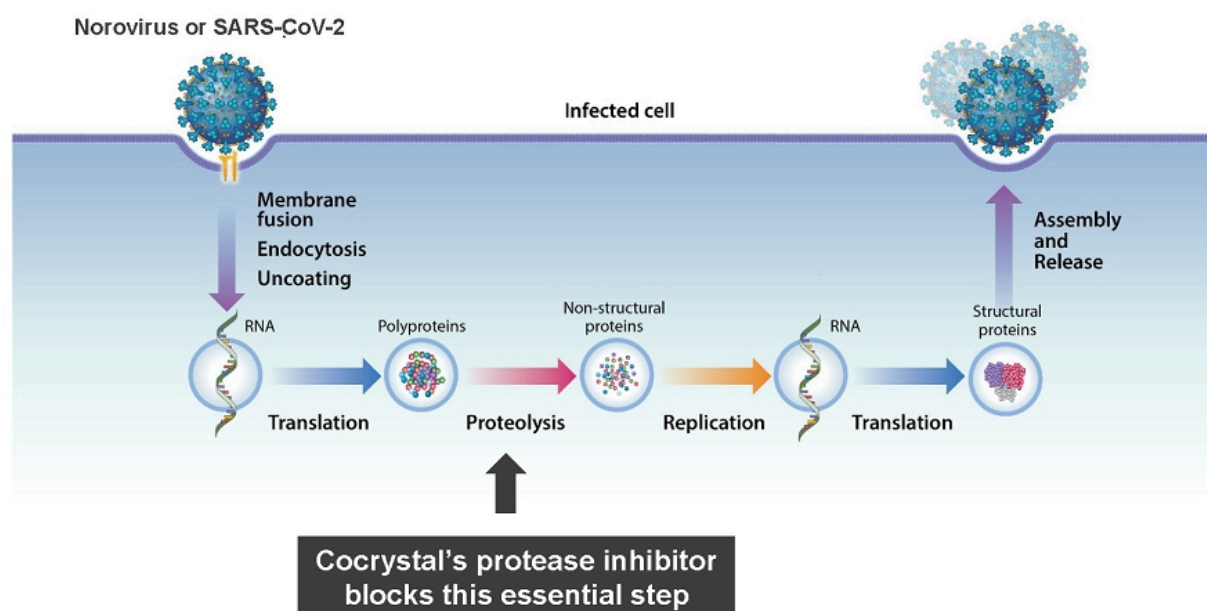
Norovirus GII.17 Has Rapidly Overtaken GII.4 As The Leading Cause of Norovirus Outbreaks, >70%



- Noroviruses are genetically diverse:
 - 10 genogroups are subdivided into different genotypes, currently 49 genotypes
- Vaccine development has been challenging due to the genetic diversity
- Variants of the GII.4 genotype were the most common genotype, responsible for the majority of norovirus outbreaks until 2023/2024

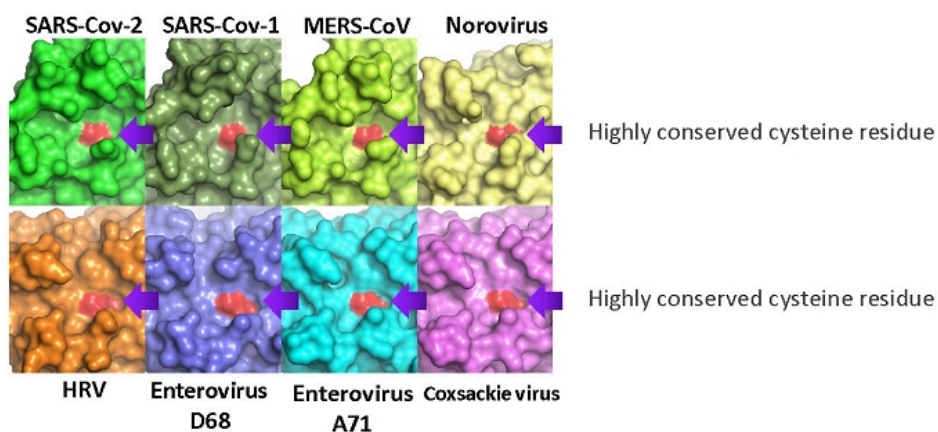
<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2024.29.39.2400625>

Cocrystal's Protease Inhibitor CDI-988 Blocks the Viral Essential Replication Process



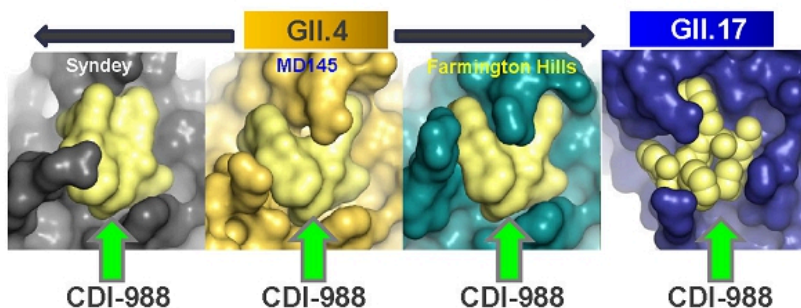
Cocrystal's Structure-Based Drug Discovery Platform Technology For Pan-viral Protease Inhibitor Development

Cocrystal pan-viral inhibitors target highly conserved viral protease active site



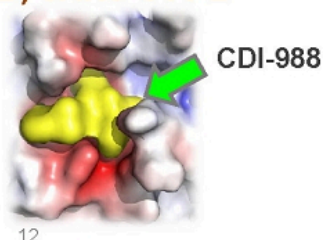
Cocrystal's Protease Inhibitor CDI-988 For All Norovirus Genogroups Including GII.17 and COVID

(A) Cocrystal structures of norovirus protease:CDI-988 complex



- Binds to highly conserved region of the viral protease active site
- Exhibits broad-spectrum, potent antiviral activity against all norovirus and coronavirus proteases
- Developed using Cocrystal's proprietary drug discovery platform technology
- First-in-class norovirus antiviral

(B) SARS-CoV-2



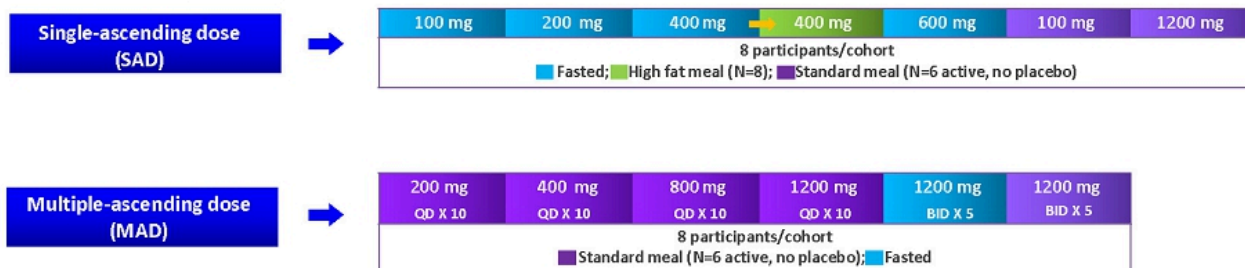
A Phase 1, Randomized, Double-Blinded, Placebo-Controlled, First-in-Human Study to Evaluate the Safety, Tolerability, and Pharmacokinetics of Single-Ascending and Multiple-Ascending Doses of Oral CDI-988 in Healthy Adult Participants

Clinical Trial Registration: **NCT05977140**

Oral Pan-viral Protease Inhibitor CDI-988 Showed Favorable Safety and Tolerability

- Single-center, randomized, double-blind, placebo-controlled
- Single-ascending dose (SAD) and Multiple-ascending dose (MAD) cohorts
- Healthy adult volunteers (18 – 55 years old)
- Each cohort comprised 8 participants (6 on CDI-988; 2 on placebo)

Phase 1 study design



Key Entry Criteria

- Healthy males and females ≥ 18 and ≤ 55 years
- Body weight ≥ 50 kg
- Body mass index ≥ 18 and ≤ 32 kg/m²
- Non-pregnant, non-lactating
- Must abstain from alcohol or caffeine from 48 hours before study confinement through duration of study
- Must not have taken prescribed medication in 14 days before dosing, or OTC drugs, herbal remedies within 7 days before dosing (except vitamins, minerals, paracetamol, HRT)
- Other routine screening criteria to include exclusion due to concurrent illness and/or clinical laboratory values or history

Demographics of SAD and MAD cohorts

	SAD (N=36)	Placebo (N=10)	MAD (N=36)	Placebo (N=12)
Age (Years)				
Mean	29.5	32.5	30.0	30.6
Median	27.6	27.4	28.3	29.6
Range	21-49	20-56	21-45	25-39
Male, n (%)	14 (39%)	2 (20%)	23 (64%)	7 (58%)
Female	22 (61%)	8 (80%)	13 (36%)	5 (42%)
Ethnicity, n (%)				
Hispanic or Latino	1 (3%)	3 (30%)	9 (25%)	5 (42%)
Not Hispanic or Latino	35 (97%)	5 (50%)	26 (72%)	7 (58%)
Not reported	0	2 (20%)	1 (3%)	0
Race, n (%)				
Asian	13 (36%)	1 (10%)	10 (28%)	3 (25%)
Black or African American	0	1 (10%)	0	2 (17%)
White	22 (61%)	5 (50%)	23 (64%)	6 (50%)
Native Hawaiian or Other Pacific Islander	0	0	1 (3%)	0
Not Reported	0	1 (10%)	0	0
American Indian or Alaska Native	0	1 (10%)	2 (6%)	1 (8%)
Multiple	1 (3%)	1 (10%)	0	0

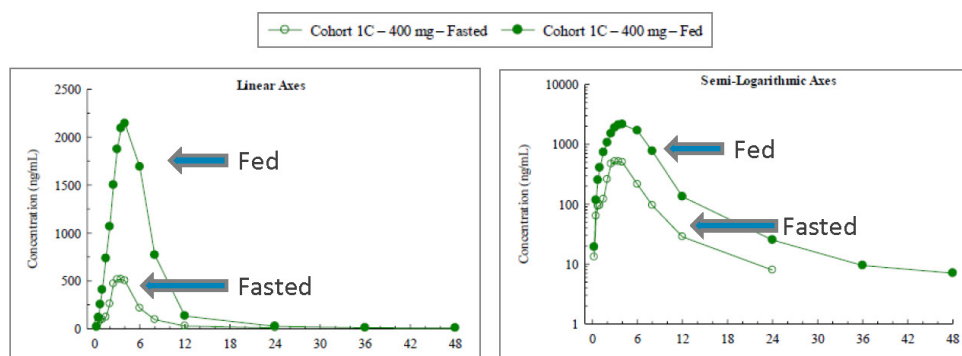
SAD Clinical Safety Summary (N=46)

- All dose cohorts well tolerated (100mg to 1200mg)
- Safety profile
 - 100% of AEs were mild severity (CDI-988 (N=11, 100%) vs Placebo (N= 4, 100%))
 - Only 7 treatment-related AEs across all dose cohorts (CDI-988 (N=5, 14%) vs Placebo (N=2, 20%))
 - Most commonly occurring treatment related AE was headache (CDI-988 (N=1, 3%) vs Placebo (N=1, 10%))
 - No deaths, other SAEs or severe treatment emergent AEs
- No clinically relevant ECG changes
- No clinically significant pathology results (hematology, chemistry, urinalysis)
- No discontinuations from study or study drug

MAD Clinical Safety Summary (N=48)

- All dose cohorts well tolerated (200mg to 1200mg)
- Safety profile
 - Total of 30 reported AEs (CDI-988 (N=19, 53%) vs Placebo (N=11, 92%))
 - 26 of these were mild severity (CDI-988 (N=16, 84%) vs Placebo (N=10, 91%))
 - 8 AEs of moderate severity (CDI-988 (N=4, 21%) vs Placebo (N=4, 36%))
 - 15 treatment-related AEs across all dose cohorts (CDI-988 (N=9, 25%) vs Placebo (N=6, 50%))
 - Most commonly occurring treatment related AE was headache (CDI-988 (N=3, 8%) vs Placebo (N=1, 8%))
 - No deaths, other SAEs or severe treatment emergent AEs
- No clinically relevant ECG changes
- No clinically significant pathology results (hematology, chemistry, urinalysis)
- 1 discontinuation from study and study drug (CDI-988 1200mg BID Fed, diarrhea), probably related, G2 moderate diarrhea

CDI-988 Demonstrates Strong Food Effect



High fat meal prior to dosing results in a 5- to 6-fold higher plasma exposure compared to fasted state dosing

Topline Safety Data Summary and Next Steps

SAD cohorts	MAD cohorts
Overall treatment-emergent AE (TEAE) rate <ul style="list-style-type: none">28% (10/36) in CDI-988 cohorts40% (4/10) in placebo subjects	Overall treatment-emergent (TEAE) rate <ul style="list-style-type: none">53% (19/36) in CDI-988 cohorts92% (11/12) in placebo subjects
Headache was the most frequently reported TEAE <ul style="list-style-type: none">14% (5/36) in CDI-988 cohorts30% (3/10) in placebo subjects	Headache was the most frequently reported TEAE <ul style="list-style-type: none">8% (3/36) in CDI-988 cohorts33% (4/12) in placebo subjects

Next Steps:

- Phase 1b human challenge study planned in 2H of 2025
- Norovirus challenge study design: Randomized, double-blind, placebo-controlled in healthy volunteers infected with a norovirus strain



2025 Military Health System Research Symposium

Sam Lee, PhD

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