FORM 4

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

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

| OMB APPROVAL | | | | |
|-------------------------|-----------|--|--|--|
| | | | | |
| OMB Number: | 3235-0287 | | | |
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| er response | 0.5 | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * Meckler Jeffrey A | | | | 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 | | | | |
|-------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------|
| 19805 NO | | (First) EEK PARKWAY | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2015 | | | | Officer (give t | itle below) | | (specify below) | | | |
| (Street) | | | 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 | | | | | |
| BOTHELL, WA 98011 | | | | | | | | | | | | | | |
| (Cit | ty) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Yea | Execut any | Execution Date, if Co any (In | | Transaction de (A) or Dispos (Instr. 3, 4 and | | Owned Followin Transaction(s) | | ecurities Beneficially ng Reported | | wnership o orm: | 7. Nature of Indirect Beneficial | |
| | | | (Month | h/Day/Year) | Cod | e V A | (A) or | | str. 3 and 4) | | o (I | r Indirect (1 | ownership instr. 4) | |
| Reminder: | Report on a | separate line for each | 1 class of securities | beneficial | ny owned dii | ectly of | Persons form are | who respond to not required AB control nu | to respond | | | | SEC 14 | 174 (9-02) |
| Reminder: | Report on a | separate line for each | | - Derivati | ive Securitie | es Acqu | Persons form are valid OM | not required AB control nu sed of, or Bend | to respond mber. eficially Ov | l unless the fo | | | SEC 14 | 174 (9-02) |
| 1. Title of Derivative Security | 2. Conversion | 3. Transaction | Table II 3A. Deemed Execution Date, if | - Derivati (e.g., pu 4. Transactic Code | ive Securition its, calls, was | es Acquerants, er of ee s (A) or of (D) | Persons form are valid OM iired, Dispo options, coi 6. Date Exe Expiration (Month/Da | e not required AB control nu- sed of, or Beno avertible secur ercisable and Date | to respond mber. eficially Ov- ities) 7. Title an | wned d Amount of g Securities | 8. Price of | | 10. | 11. Natur p of Indire Beneficie Ownersh (Instr. 4) |
| Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II 3A. Deemed Execution Date, if any | - Derivati (e.g., pu 4. Transacti Code (Instr. 8) | ive Securities, calls, was 5. Numb Derivative Securities Acquirec Disposec (Instr. 3, | es Acquerants, er of ee s (A) or of (D) | Persons form are valid OM iired, Dispo options, coi 6. Date Exe Expiration (Month/Da | e not required AB control nu sed of, or Benevertible secur creisable and Date y/Year) Expiration | to respond mber. eficially Ov- ities) 7. Title an Underlyin | wned d Amount of g Securities | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following | 10. Ownershi Form of Derivative Security: Direct (D) or Indirec | 11. Natu p of Indire Benefici Ownersh (Instr. 4) |

Reporting Owners

| Donation Community (Addison | Relationships | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Meckler Jeffrey A | | | | | |
| 19805 NORTH CREEK PARKWAY | X | | | | |
| BOTHELL, WA 98011 | | | | | |

Signatures

| /s/ Jeffrey A. Meckler | 03/25/2015 |
|---------------------------------|------------|
| **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).
- (1) The securities vest monthly over a period of six months in six approximately equal increments beginning on April 23, 2015, subject to continued employment on each applicable vesting date.
- (2) Not applicable.

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.