| FORM 4 | 1 |
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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 R WILCOX GARY | 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) 19805 NORTH CREE | (First) EK PARKV | (Middle) WAY | 3. Date of Earliest Transaction (Month/Day/Year) 03/25/2015 | | | | | | X_Officer (give title below) Other (specify below) CHIEF EXECUTIVE OFFICER | | | |
| BOTHELL, WA 9801 | 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) | Tab | le I - Non-l | Deri | ired, Disposed of, or Beneficially | , Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | Code (Instr. 8) | | (A) or Disposed of (D) | | of 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | |
| Common Stock | | 03/25/2015 | | Р | | 54,348 | А | \$ 0.92 | 16,889,585 | 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 contained in this form are not required to respond unless the form displays a 02) currently valid OMB control number.

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

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--|-------------|------------------|--------------------|-------------|-------|--------|--------------|------------|--------|---------|-------------|----------------|-------------|-------------|
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | 5. Ni | umber | 6. Date Exer | rcisable | 7. Tit | le and | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transaction | of | | and Expirati | ion Date | Amo | unt of | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | Deri | vative | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Secu | rities | | | Secur | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | Acqu | uired | | | (Instr | . 3 and | | Owned | Security: | (Instr. 4) |
| | Security | | | | (A) (| or | | | 4) | | | Following | Direct (D) | |
| | | | | | Disp | osed | | | | | | Reported | or Indirect | |
| | | | | | of (E |)) | | | | | | Transaction(s) | (I) | |
| | | | | | (Inst | r. 3, | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | 4, an | d 5) | | | | | | | | |
| | | | | | | | | | | Amount | | | | |
| | | | | | | | Date | Expiration | | or | | | | |
| | | | | | | | Exercisable | | Title | Number | | | | |
| | | | | | | | Exercisable | Date | | of | | | | |
| | | | | Code V | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| Describer Orace Name (Address | Relationships | | | | | | | |
|---|--------------------|--|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | | |
| WILCOX GARY 19805 NORTH CREEK PARKWAY BOTHELL, WA 98011 | х | | CHIEF EXECUTIVE OFFICER | | | | | |

Signatures

| /s/ Gary Wilcox | 03/27/2015 |
|----------------------------------|------------|
| 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).

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.