FORM 4

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

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

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

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 Ty	pe Response	es)														
Name and Address of Reporting Person * Schinazi Raymond F				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 X_10% Owner						
19805 NORTH CREEK PARKWAY (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/21/2015						_		r (give title belo		Other (specify b	pelow)	
(Street) BOTHELL, WA 98011			4. If	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 Acqui					cquir	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)				Execu Year) any		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)	Beneficially Owned Follo Reported Transaction(s)		Following	6. Ownership Form:	Beneficial	
				(Mont	(Month/Day/Year)		V	Amou		(A) or (D)	Price	(Instr. 3 a	and 4)			Ownership (Instr. 4)
Common	Stock		04/21/2015	i		P		3,464,8	355 <i>I</i>	A	\$ 0.92	272,579	,677		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 currently valid OMB control number. SEC 1474 (9-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 (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	f 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable		Amo Unde Secu	curities (Instr. 5)			Ownersh Form of Derivati Security Direct (I or Indire	ve Ownership (Instr. 4) D)								
					Code V	(A) (I				ration	Title	Amount or Number of Shares				

Reporting Owners

Power diagram Name / Addison	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Schinazi Raymond F 19805 NORTH CREEK PARKWAY BOTHELL, WA 98011	X	X				

Signatures

/s/ Raymond F. Schinazi	04/23/2015
**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.