# FORM 3

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours per					
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

(Print or Type Responses)											
1. Name and Address of Reporting Person * Linscott Walt Addison	St (N	2. Date of Event R Statement (Month/Day/Year) — 07/21/2015			~	3. Issuer Name <b>and</b> Ticker or Trading Symbol Cocrystal Pharma, Inc. [COCP]					
(Last) (First) (Middl C/O COCRYSTAL PHARMA INC., 19805 NORTH CREEK PARKWAY	e) -,				4. Relationsh Person(s) to I (Check Director X_ Officer (gi	ssuer all applicable ve 10% C		5. If Amendment, Date Original Filed(Month/Day/Year)			
BOTHELL, WA 98011						below) L COUNSEL L CRETARY	AND	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	)		Tal	ble I -	Non-Derivati	ve Securitio	es Bene	eficially	Owne	d	
1.Title of Security (Instr. 4)			Ben		t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Owner	ship	lirect Be	neficial	
	respo to resp	nd to the ond unle	colle ess th	ection ne for	of information m displays a cu	contained urrently vali	in this d OMB	control	e I		173 (7-02)
1. Title of Derivative Security	1				le and Amount of		5.		6. Nature of Indirect		
(Instr. 4)		d Expiration Date onth/Day/Year)			rities Underlying rative Security  7. 4)	Conversion or Exercise Price of	se Fori Der	ivative	Benefic (Instr. 5	icial Ownership 5)	
	Date Exercise	e Expiration Precisable Date		Title	Amount or Numb of Shares	Derivativ Security	Dire or In (I)	urity: ect (D) ndirect tr. 5)			
<b>Reporting Owners</b>											
Reporting Owner Name / Address  Director			Relationships								
		Director 10% Owner Of			Officer	Officer				Other	
Linscott Walt Addison C/O COCRYSTAL PHARMA 19805 NORTH CREEK PARK	*				GENERAL (	COUNSEL	AND S	SECRE	ΓARY		

## **Signatures**

BOTHELL, WA 98011

/s/ Walt Addison Linscott	07/23/2015
**Signature of Reporting Person	Date

## **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

#### Remarks:

(1) No securities beneficially owned.

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.