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					
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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 a																	
1. Name and Address of Reporting Person * Linscott Walt Addison			Issuer Name and Ticker or Trading Symbol Cocrystal Pharma, Inc. [COCP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O COCRYSTAL PHARMA, INC., 19805 NORTH CREEK PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 07/21/2015							X Officer (give title below) Other (specify below) GENERAL COUNSEL AND SECRETARY						
(Street) BOTHELL, WA 98011				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					e)	
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						s Acqui	ired, Disposed of, or Beneficially Owned						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, any (Month/Day/Yea		(Instr.		(4	4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D)	5. Amount of Sec Owned Followin Transaction(s) (Instr. 3 and 4)			, F I	Ownership Form:	Beneficial Ownership		
					C	Code	V A	Amount (A)		Price			((I) (Instr. 4)	msu. 4)		
	report on a	separate fine for eac	h class of securities	beneficia	ally owned	directly	y or ii	Person							on contain		1474 (9-02)
	report on a	separate fine for each		- Deriva	tive Secur	ities Ac	cquir	Persons in this f a curren	orm are ntly vali	e not r lid OMI or Bene	equired B contr	d to re	espond u mber.		on contain form displa		1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transact Code	tive Secur uts, calls, 5. Nu Deriv Secur Acqui Dispo	ities Acwarran	cquir ts, op 6 E	Persons in this f a curre	orm are ntly vali sed of, onvertible ercisable Date	e not r lid OMI or Bene e securi	equired B contr eficially ities)	Owned and Asying Se	espond under. ed amount of ecurities	8. Price of Derivative Security		f 10.	11. Natu hip of Indire Beneficie ve Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transact Code	tive Secur uts, calls, 5. Nu Deriv Secur Acqui Dispo	ities Active ities red (A) sed of (3, 4, ar	cquir ts, op E 6 E (1)	Persons in this f a current a current for the persons of the perso	orm are ntly vali sed of, o nvertible ercisable Date y/Year)	e not r lid OMI or Bene e secur	equired B contr eficially (ities) 7. Title Underly	Owner and Al ying Se 3 and 4	espond under. ed amount of ecurities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Owners: Form of Derivati Security Direct (or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

Donald Community of Addition	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Linscott Walt Addison C/O COCRYSTAL PHARMA, INC. 19805 NORTH CREEK PARKWAY BOTHELL, WA 98011			GENERAL COUNSEL AND SECRETARY				

Signatures

/s/ Walt Addison Linscott	07/23/2015
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).
- (1) The Securities vest in four equal annual increments with the first vesting date being one year from the Transaction Date, subject to continued employment and accelerated vesting under certain conditions.
- (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.