FORM 4	4
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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 1 ype Responses)												
1. Name and Address o WILCOX GARY	2. Issuer Name <b>and</b> Ticker or Trading Symbol Cocrystal Pharma, Inc. [COCP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O COCRYSTAL MONTREAL ROA	3. Date of Earliest Transaction (Month/Day/Year) 03/15/2016						Officer (give title below)	Other (specify b	elow)			
(Street) TUCKER, GA 30084			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-	Deri	vative Se	curities	s Acqui	uired, Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	ction	(A) or Disposed of (D)		of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
				Code	V	Amount	· /	Price		(Instr. 4)		
Common Stock		03/15/2016		Р		49,020	А	\$ 0.51	16,938,605	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 SEC 1474 (9contained in 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

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	of Deri Secu Acq (A)	vative urities uired or oosed D) r. 3,	6. Date Exer and Expirati (Month/Day	on Date /Year)	Amo Unde Secu	unt of erlying	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code V	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Reporting Owners**

Denseties Opener Name (Addance	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WILCOX GARY C/O COCRYSTAL PHARMA, INC. 1860 MONTREAL ROAD TUCKER, GA 30084	Х						

# Signatures

/s/ Gary Wilcox	03/17/2016
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.

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