# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
stimated average burden					
ours per respon	se 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)														
1. Name and Address of Reporting Person * BLOCK DAVID S				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) (First) (Middle) C/O COCRYSTAL PHARMA, INC., 1860 MONTREAL ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/15/2016							r (give title belo		Other (specify be	low)		
(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)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
						ode	V	Amoui	(A) or (D)	Price				or Indirect (I) (Instr. 4)	Instr. 4)	
Common	Stock		03/15/2016			]	P		50,00	0 A	\$ 0.51	158,696			D	
indirectly.			Table II - D				quire	conta the f	ained i orm di sposed	n this fo splays a of, or Bei	orm ar curre	e not required the noting the not	uired to re d OMB co	nformation espond unl ntrol numb	ess	C 1474 (9- 02)
Security	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da	4. Tran Cod	4. Transaction Code		5. Number		and Expiration Date (Month/Day/Year)  Am Un. Sec		Citle and count of derlying urities str. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect		
				Co	de V	(A)	(D)	Date Exer		Expiration Date	on Titl	Amount or e Number of Shares				
Repor	ting O	wners					. )									

Book of the Comment Name / Addition	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BLOCK DAVID S C/O COCRYSTAL PHARMA, INC. 1860 MONTREAL ROAD TUCKER, GA 30084	X					

## **Signatures**

/s/ David S. Block	03/17/2016
**Signature of Reporting	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.

