McGovern John Joseph Form 3 August 01, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> McGovern John Joseph | | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol NovaBay Pharmaceuticals, Inc. [NBY] | | | | |
|---|-----------------------------|-------------------|--|--|--|-----------------------------|---|--|
| (Last) | (First) | (Middle) | 07/17/2017 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| 2000 POWE | LL STREE | T, SUITE | | | | | | |
| 1150 | | | | (Check all applicable) | | | | |
| EMERYVIL | (Street) LE, CA 94608 | | | Director 10% Owner Officer Other (give title below) (specify below) CFO and Treasurer | | | 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 - N | Non-Derivat | ive Securiti | es Bei | neficially Owned | |
| 1.Title of Secur (Instr. 4) | ity | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Natu Owner (Instr. | • | |
| Common Sto | ock | | 0 | | D | Â | | |
| Reminder: Repo | - | ate line for each | ch class of securities benefic | ^{ially} S | EC 1473 (7-02) |) | | |
| | Person inform require | ation conta | oond to the collection of ined in this form are not nd unless the form displ /B control number. | | | | | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--|---|--|---|
| | | Title | Derivative | Security: | |
| | | | Security | Direct (D) | |

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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| Date | Expiration | Amount or | or Indirect |
|-------------|------------|-----------|-------------|
| Exercisable | Date | Number of | (I) |
| | | Shares | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|------------|---------------|-----------|-------------------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| McGovern John Joseph 2000 POWELL STREET, SUITE 1150 EMERYVILLE, CA 94608 | | Â | Â | CFO and Treasurer | Â | | |
| Signatures | | | | | | | |
| /s/ John J. McGovern | 07/20/2017 | | | | | | |
| ** Signature of | Date | | | | | | |

Reporting Person

Explanation of Responses:

* 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).

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.