UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of report (date of earliest event reported): July 13, 2012

TONIX PHARMACEUTICALS HOLDING CORP.

(Exact name of registrant as specified in its charter)

Nevada	**333-150419**	**26-1434750**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

509 Madison Avenue, Suite 306, New York, New York 10022
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (212) 980-9155

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Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

ITEM 7.01 Regulation FD Disclosure.

Tonix Pharmaceuticals Holding Corp. (the "Company") intends to utilize a corporate presentation relating to reimbursement policies and practices for fibromyalgia to conduct meetings with investors, stockholders and analysts and at investor conferences, and which the Company intends to place on its website, which may contain non-public information. A copy of the presentation is filed as Exhibit 99.01.

The information contained in Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.01, is furnished pursuant to, and shall not be deemed to be "filed" for the purposes of, Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section. The information contained in Item 7.01 of this Current Report shall not be incorporated by reference into any registration statement or any other document filed pursuant to the Securities Act of 1933, as amended, except as otherwise expressly stated in such filing. By filing this Current Report on Form 8-K and furnishing the information contained in this Item 7.01, including Exhibit 99.01, the Company makes no admission as to the materiality of any such information that it is furnishing.

ITEM 9.01 Financial Statements and Exhibits.

(d) Exhibits.

99.01 Corporate Presentation Relating to Reimbursement by the Company, dated July 2012. *

_____

* Furnished herewith.

SIGNATURE

Pursuant to the requirement of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

TONIX PHARMACEUTICALS HOLDING CORP.

Date: July 13, 2012

By: */s/ SETH LEDERMAN*
Seth Lederman
President and Chief Executive Officer

Exhibit 99.01

Disclosures

Certain statements in this presentation regarding strategic plans, expectations and objectives for future operations or results are "forward-looking statements" as defined by the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking words such as "anticipate," "believe," "forecast," "estimated" and "intend," among others. These forward-looking statements are based on TONIX's current expectations and actual results could differ materially. There are a number of factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, substantial competition; our ability to continue as a going concern; our need for additional financing; uncertainties of patent protection and litigation; uncertainties of government or third party payer reimbursement; limited sales and marketing efforts and dependence upon third parties; and risks related to failure to obtain FDA clearances or approvals and noncompliance with FDA regulations. As with any pharmaceutical under development, there are significant risks in the development, regulatory approval and commercialization of new products. The forward-looking statements in this presentation are made as of the date of this presentation, even if subsequently made available by the Company on its website or otherwise. TONIX does not undertake an obligation to update or revise any forward-looking statement. Investors should read the risk factors set forth in the Annual Report on Form 10-K filed with the SEC on March 30, 2012 and future periodic reports filed with the Securities and Exchange Commission. All of the Company's forward-looking statements are expressly qualified by all such risk factors and other cautionary statements.

Pain: Cost to Society

- **Pain management is one of society's major challenges**
  - Abuse and addiction to prescription opiates is a fast growing national crisis
  - Top priority of multiple governmental agencies
  - Highlighted by Professor Derek Bok (former President of Harvard), "The Politics of Happiness" (2010, Princeton University Press)
- **Fibromyalgia is a significant part of the growing prescription drug misuse problem**
  - No medical justification for several drug categories widely used in fibromyalgia
  - Fibromyalgia pain originates in the brain and is not alleviated by opiates, and the sleep disturbance is not resolved by sleep drugs

Fibromyalgia: Cost to Society

- **Fibromyalgia presents a significant economic burden to the healthcare system***
  - "Mean annual expenditures for fibromyalgia patients were… similar to rheumatoid arthritis…"
  - "A greater proportion of patients with fibromyalgia had any short-term disability days than those with rheumatoid arthritis."
  - "Mean costs for absence from work and short-term disability in the fibromyalgia and rheumatoid arthritis groups were substantial and similar."
- **Additional references:**
  - Berger et al. Int J Clin Pract, 2007;61:1498.
  - Carville et al. Ann Rheum Dis, 2008;67:536.
  - Howard et al. JOEM, 2010;52:1186.
  - McNett et al. Cur Med Res Opin, 2011;27:673.
  - Robinson et al. J Rheum, 2003;30:1318.
  - Sanchez et al. Cur Med Res Opin, 2011;27:663.

* *Silverman et al. Cur Med Res Opin, 2009;25:829.*

Fibromyalgia Reimbursement: Generics Not Approved by FDA

- **Some formularies list off-label generics in Tier 1 for fibromyalgia**
  - However, as these drugs are not FDA approved, they cannot be marketed for fibromyalgia
  - Managed care and Medicaid can rely on compendia, like USP, which list products that have some peer reviewed studies
- **Tier 1 status of generic off-label drugs is driven only by lower cost**

Fibromyalgia Reimbursement: FDA-Approved Products

- **FDA-approved fibromyalgia products have strong sales and growth***
  - Cymbalta®: ~$560 million in fibromyalgia in the US in 2011 and growing
  - Lyrica®: ~$450 million in fibromyalgia in the US in 2011 and growing
  - Growth continues despite gabapentin, venlafaxine, bupropion, etc. generics in Tier 1
- **Physicians generally start fibromyalgia patients on samples when prescribing products FDA approved for the indication**
  - If a branded product is effective, doctors and patients are motivated to overcome reimbursement hurdles
  - Physicians and patients respond to managed care hurdles such as prior authorization and Tier 2 or Tier 3 status

** Decision Resources Pain Management Study: Fibromyalgia, 2011*

Fibromyalgia Reimbursement: FDA-Approved Products (2)

- **Many patients continue to be unsatisfied by current therapies**
  - Efficacy, durability and tolerability motivate patients to seek alternatives
  - Managed care hurdles not expected for new FDA-approved products
- **Fibromyalgia patients tend to be proactive in obtaining medications that work for them**
  - Large opportunity for new products that reduce therapeutic failure, need for medication switching, and non-pharmaceutical care
- **Managed care push-back on physicians in fibromyalgia typically limited to requesting validation of diagnosis**
  - Managed care companies sometimes request physicians to document treatment failure

Fibromyalgia Reimbursement: TNX-102 Anticipated Launch Year*

- **Duloxetine (Cymbalta®) will be generic and likely in Tier 1**
  - Potential for duloxetine to replace off-label generics in Tier 1
- **"Managed Care" study on TNX-102 prior to launch to document improved adverse event profile versus generic cyclobenzaprine**
  - Modified PK curve as a result of sublingual formulation expected to result in reduced next day somnolence
- **Patient dissatisfaction and familiarity with cyclobenzaprine safety and efficacy will drive patients to adopt TNX-102**
- **Few options in fibromyalgia pipeline will be vying for future reimbursement**
  - None in development with "sleep quality" mechanism of action

** Anticipated launch year is 2017*

Responses to Managed Care Hurdles

Hurdle	Response
Cost of Tier 2 or Tier 3 medications: • Managed care charges a premium co-pay for branded medications	**Co-pay coupons/card:** • Provide patients with coupons or "charge-card" vouchers that reduce or eliminate difference in co-pay between FDA-approved drugs and off-label generics • Medicaid patient assistance programs
Novelty of FDA-approved medications: • Patients and doctors may be reluctant to try new, branded and potentially expensive (Tier 2 or Tier 3) medications	**Samples and trial periods:** • Allow patients to test new products without need for complex interactions with pharmacies or managed care
Prior-authorization: • Requires physician time to complete a form to answer questions such as diagnosis, patient's current complaint and previous treatments (e.g. validate diagnosis or document treatment failure)	**Detailing/Medical Affairs:** • Educate physicians so they are equipped to complete prior-authorization form so reimbursement is streamlined

TNX-102 Reimbursement Precedents

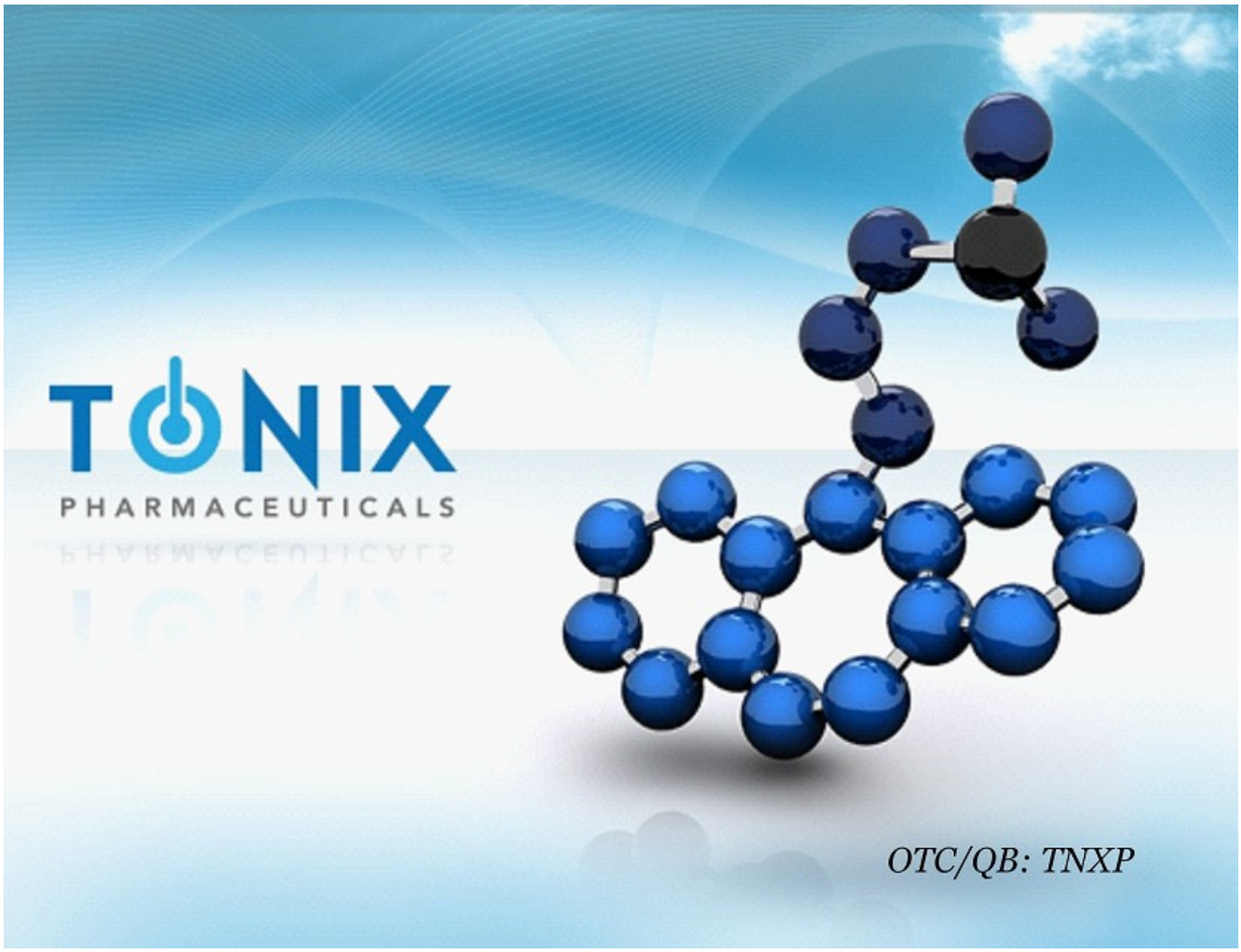
- **Novel formulations with novel PK profiles that address unmet needs are reimbursed**

Generic / OTC Drug	Labeled Indication	Reformulated Rx Product	Labeled Indication	US Annual Sales*	Comment
Oxycodone	Pain	**OxyContin®**	Pain	>$3bn	• Novel PK profile protected by PK patents
Omega-3 ethyl esters	None (supplement)	**Lovaza®**	Hypertriglyceridemia	>$1bn	• Received Rx indication for OTC supplement
Niacin	None (vitamin)	**Niaspan®**	Dyslipidemia	>$1bn	• Novel PK to reduce flushing & new indication
Minocycline	General antibiotic	**Solodyn®**	Acne	~$900mm	• Lower dose, novel PK & new indication
Methylphenidate	ADHD	**Concerta®**	ADHD	~300mm**	• Novel PK for improved efficacy
4-Aminopyridine	None (compounded)	**Ampyra®**	Walking in multiple sclerosis	~$250mm	• Fixed dose of available compounded agent

** Current run rate as of May 2012*
*** Authorized generic launched in 2011; twelve months sales ending 2/28/11 sales were ~$1.5bn*

Supreme Court Upholds ACA

- **The Patient Protection and Affordable Care Act (ACA) requires that medications like TNX-102 will be covered by formularies**
  - ACA Section 3307 expands the concept of "class" and "category" from the Medicare Modernization Act and extends it to prescription drug plans
  - TNX-102 is expected to be first and only FDA-approved "sleep quality" medication for fibromyalgia
  - TNX-102 is expected to be first and only FDA-approved cyclobenzaprine-containing and "muscle relaxant"-category product for fibromyalgia
  - Medicaid may be expanded state-by-state to cover the uninsured
- **Few options in fibromyalgia pipeline will be vying for future reimbursement; none with novel mechanism of action (sleep)**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