

509 MADISON AVE., SUITE 306

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: June 30, 2012
Estimated Average burden hours per response: 4.0

	washington, D.C.	per response: 4.0
4 1 1 1 1 19		
1. Issuer's Identity	D 1 N ()	TD 44 / TD
CIK (Filer ID Number)	Previous Name(s) None	Entity Type
0001430306 Name of Issuer	Tamandare Explorations Inc.	Corporation
	TAMANDARE	Limited Partnership
Tonix Pharmaceuticals Holding Corp.	EXPLORATIONS INC.	Limited Liability Company
Jurisdiction of	_	General Partnership
Incorporation/Organization	1	Business Trust
NEVADA	4:	Other
Year of Incorporation/Organiza  Over Five Years Ago	tion	
Within Last Five Years	2008	
(Specify Year)	2006	
☐ Yet to Be Formed		
2. Principal Place of B	usiness and Contact In	formation
Name of Issuer		
Tonix Pharmaceuticals Holding Co	orp.	
Street Address 1	Street Address	2
509 MADISON AVE., SUITE 306		
City	tate/Province/Country ZIP/Posta	al Code Phone No. of Issuer
NEW YORK	NEW YORK 10022	212-980-9155
3. Related Persons		
Last Name	First Name	Middle Name
Lederman	Seth	7
Street Address 1	Street Address	2
509 MADISON AVE., SUITE 3	06	
City	State/Province/Country	ZIP/Postal Code
NEW YORK	NEW YORK	10022
Relationship:	utive Officer Director	Promoter
	l .	
Clarification of Response (if Nec	essary)	
T = 4 N	Es. A No.	MCJJI, N
Last Name	First Name	Middle Name
Landry	Donald	
Street Address 1	Street Address	2

		State/Province	Country	ZIP/Postal Code	
NEW YORK		NEW YORK	(	10022	
Relationship:		cutive Officer	☑ Director	Promoter	
Clarification of Res	ponse (if Ne	cessary)		<u>"</u>	
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Last Name		First Name		Middle Name	
Mario		Ernest			
Street Address 1		Efficst	Street Address 2		
	VE CHITE	206	Street Address 2	•	
509 MADISON A	VE., SUITE			710/0 4 1 6 1	
City		State/Province		ZIP/Postal Code	
NEW YORK		NEW YORK		10022	
			1		
Relationship:	Exe	cutive Officer	Director	Promoter	
Clarification of Res	ponse (if Ne	cessary)			
Last Name		First Name		Middle Name	
Mather		Charles			
Street Address 1			Street Address 2	=1 ?	
509 MADISON A	VE., SUITE	306			
City		State/Province	/Country	ZIP/Postal Code	
NEW YORK		NEW YORK		10022	
11211111111				10022	
Relationship:	Fvo	cutive Officer	✓ Director	Promoter	
Relationship.	_ EAC	cutive Officer	Director	Tomote	
Clarification of Res	sponse (if Ne	ecessary)			
Clarification of Res	sponse (if Ne	ecessary)			
Clarification of Res	sponse (if Ne	ecessary)			
	sponse (if Ne	First Name		Middle Name	
	sponse (if Ne			Middle Name	
Last Name Rhodes	sponse (if Ne	First Name	Street Address 2		
Last Name Rhodes		First Name	Street Address 2		
Last Name  Rhodes  Street Address 1  509 MADISON A		First Name			
Last Name  Rhodes  Street Address 1  509 MADISON A		First Name John 306	/Country		
Last Name Rhodes Street Address 1 509 MADISON A		First Name  John  306  State/Province	/Country	ZIP/Postal Code	
Last Name Rhodes Street Address 1 509 MADISON A	VE., SUITE	First Name  John  306  State/Province	/Country	ZIP/Postal Code	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:	VE., SUITE	First Name  John  306  State/Province  NEW YORK	/Country	ZIP/Postal Code	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:	VE., SUITE	First Name  John  306  State/Province  NEW YORK	/Country	ZIP/Postal Code	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:	VE., SUITE	First Name  John  306  State/Province  NEW YORK	/Country	ZIP/Postal Code	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:  Clarification of Res	VE., SUITE	First Name  John  306  State/Province  NEW YORK  cutive Officer  ccessary)	/Country	ZIP/Postal Code  10022  Promoter	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:  Clarification of Res	VE., SUITE	First Name  John  306  State/Province  NEW YORK  cutive Officer  ccessary)	/Country	ZIP/Postal Code	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:  Clarification of Res  Last Name  Davidson	VE., SUITE	First Name  John  306  State/Province  NEW YORK  cutive Officer  ccessary)	/Country  Director	ZIP/Postal Code  10022  Promoter  Middle Name	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:  Clarification of Res  Last Name  Davidson  Street Address 1	Exemple 2 Exempl	First Name  John  306  State/Province  NEW YORK  cutive Officer  ccessary)  First Name  Stuart	/Country	ZIP/Postal Code  10022  Promoter  Middle Name	
Last Name  Rhodes  Street Address 1  509 MADISON A  City  NEW YORK  Relationship:  Clarification of Res  Last Name  Davidson	Exemple 2 Exempl	First Name  John  306  State/Province  NEW YORK  cutive Officer  ccessary)  First Name  Stuart	/Country  Director	ZIP/Postal Code  10022  Promoter  Middle Name	
Street Address 1  509 MADISON A  City  NEW YORK  Relationship:  Clarification of Res  Last Name  Davidson  Street Address 1	Exemple 2 Exempl	First Name  John  306  State/Province  NEW YORK  cutive Officer  ccessary)  First Name  Stuart	/Country  Director  Street Address 2	ZIP/Postal Code  10022  Promoter  Middle Name	

Relationship:	Executive	Officer	☑ Director		Promoter	
Clarification of Respo	onse (if Necess	arv)				
		w. y/				
Last Name	Fi	rst Name		Middle	Name	
Grace		Patrick			vanie	
Street Address 1		autek	Street Address 2			
	E. CHIMPE 20.6		Street Address 2			
509 MADISON AVI						
City		ate/Province/C	Country	7	tal Code	
NEW YORK		NEW YORK		10022		
Relationship:	Executive	Officer	☑ Director		Promoter	
Clarification of Respo	onse (if Necess	arv)				
narmoution of moope	) ( r	w. y /				
Last Name		rst Name		Middle	Name	
Saks	S	amuel				
Street Address 1			Street Address 2	<u> </u>		
509 MADISON AVI	E., SUITE 306					
City	St	ate/Province/C	Country	ZIP/Pos	tal Code	
NEW YORK		NEW YORK		10022		
	Executive onse (if Necess		☑ Director		Promoter	
Clarification of Respo	onse (if Necess	ary)	<b>☑</b> Director	Middle		
Clarification of Respo	onse (if Necess	ary) rst Name	Director	Middle		
Clarification of Responsible Last Name  Daugherty	onse (if Necess	ary)				
Clarification of Responsible Last Name  Daugherty  Street Address 1	onse (if Necess	ary) rst Name	Street Address 2			
Clarification of Responsible Last Name  Daugherty	onse (if Necess	ary) rst Name				
Clarification of Response	onse (if Necess Fi	ary) rst Name	Street Address 2			
Clarification of Response	Fi E., SUITE 306	ary) First Name Bruce	Street Address 2		Name	
Clarification of Response	Fi E., SUITE 306	ary)  rst Name  Bruce  tate/Province/C	Street Address 2	ZIP/Pos	Name	
Clarification of Response	Fi E., SUITE 306	ary)  arst Name  Bruce  ate/Province/C  NEW YORK	Street Address 2	ZIP/Pos	Name	
Clarification of Response	E., SUITE 306  St  Executive	ary)  rst Name  Bruce  tate/Province/C  NEW YORK  Officer	Street Address 2	ZIP/Pos	Name tal Code	
Last Name  Daugherty  Street Address 1  509 MADISON AVI City  NEW YORK  Relationship:	E., SUITE 306  St  Executive	ary)  rst Name  Bruce  tate/Province/C  NEW YORK  Officer	Street Address 2	ZIP/Pos	Name tal Code	
Clarification of Response	E., SUITE 306  St  Executive	ary)  rst Name  Bruce  tate/Province/C  NEW YORK  Officer	Street Address 2	ZIP/Pos	Name tal Code	
Clarification of Response	E., SUITE 306  St  Executive onse (if Necess	ary)  arst Name  Bruce  tate/Province/C  NEW YORK  Officer  ary)	Street Address 2	ZIP/Pos 10022	Name tal Code Promoter	
Clarification of Response	E., SUITE 306  St  Executive onse (if Necess	ary)  rst Name  Bruce  tate/Province/C  NEW YORK  Officer	Street Address 2	ZIP/Pos	Name tal Code Promoter	
Clarification of Response	E., SUITE 306  St  Executive  Executive	ary)  arst Name  Bruce  tate/Province/C  NEW YORK  Officer  ary)	Street Address 2	ZIP/Pos 10022	Name tal Code Promoter	
Last Name  Daugherty  Street Address 1  509 MADISON AVI  City  NEW YORK  Relationship:  Clarification of Responsible to the second seco	E., SUITE 306  St  Executive  Executive	ary)  rst Name  Bruce  cate/Province/C  NEW YORK  Officer  ary)	Street Address 2	ZIP/Pos 10022 Middle	Name tal Code Promoter	
City	E., SUITE 306  St  Executive  Executive	ary)  rst Name  Bruce  cate/Province/C  NEW YORK  Officer  ary)	Street Address 2 Country  Director	ZIP/Pos 10022 Middle	Name tal Code Promoter	
Last Name  Daugherty  Street Address 1  509 MADISON AVI  City  NEW YORK  Relationship:  Clarification of Responsible to the second seco	Executive onse (if Necess  Executive onse (if Necess	ary)  rst Name  Bruce  cate/Province/C  NEW YORK  Officer  ary)	Street Address 2 Country  Director  Street Address 2	ZIP/Pos 10022 Middle	Name tal Code Promoter	
Last Name  Daugherty  Street Address 1  509 MADISON AVI  City  NEW YORK  Relationship:  Clarification of Responsible Street Address 1  509 MADISON AVI  Street Address 1	E., SUITE 306  Executive onse (if Necess	ary)  arst Name  Bruce  atte/Province/C  NEW YORK  Officer  ary)  arst Name  Leland	Street Address 2 Country  Director  Street Address 2	ZIP/Pos 10022 Middle	Name tal Code Promoter  Name	
Last Name  Daugherty  Street Address 1  509 MADISON AVI  City  NEW YORK  Relationship:  Clarification of Responsible to the company of the co	E., SUITE 306  Executive onse (if Necess	ary)  ary)  ary)  ary Name  Bruce  Cate/Province/C  NEW YORK  Officer  ary)  ary Name  Leland	Street Address 2 Country  Director  Street Address 2	ZIP/Pos  Middle  ZIP/Pos	Name tal Code Promoter  Name	
Last Name  Daugherty  Street Address 1  509 MADISON AVI  City  NEW YORK  Relationship:  Clarification of Responsible to the company of the co	E., SUITE 306  Executive onse (if Necess	ary)  arst Name  Bruce  ate/Province/C  NEW YORK  Officer  ary)  arst Name  deland  ate/Province/C  NEW YORK	Street Address 2 Country  Director  Street Address 2	ZIP/Pos  Middle  ZIP/Pos	Name tal Code Promoter  Name	

4.	Industry Group			
	Agriculture	Health Care		Retailing
	Banking & Financial Services	☐ Biotechnology		Ketannig
	Commercial Banking	Health Insurance		Restaurants
	☐ Insurance	☐ Hospitals & Physicians		Technology
		Pharmaceuticals		Computers
	☐ Investment Banking	Other Health Care		•
	☐ Pooled Investment Fund			☐ Telecommunications
	Other Banking & Financial			☐ Other Technology  Travel
	Services	Manufacturing		Airlines & Airports
	Business Services	Real Estate		Lodging & Conventions
	Energy	Commercial		_ 0 0
	Coal Mining	Construction		■ Tourism & Travel Services
	☐ Electric Utilities	REITS & Finance		Other Travel
	☐ Energy Conservation	Residential		Other
	■ Environmental Services	Other Real Estate		
	Oil & Gas	- Onici Real Estate		
	Other Energy			
_				
	Issuer Size			
_	renue Range	_		Value Range
	No Revenues	No Ag	ggregate	Net Asset Value
	\$1 - \$1,000,000	<b>\$1 - \$</b>	5,000,00	00
	\$1,000,001 - \$5,000,000	\$5,00	0,001 - 9	\$25,000,000
	\$5,000,001 - \$25,000,000	\$25,0	00,001 -	- \$50,000,000
	\$25,000,001 - \$100,000,000	\$50,0	00,001 -	- \$100,000,000
	Over \$100,000,000	Over	\$100,00	0,000
V	Decline to Disclose	_	ne to Dis	•
			pplicabl	
	Not Applicable	□ NOT A	ppiicabl	C
6	Federal Exemption(s) a	nd Evolucion(c) C	laimo	d (select all that
	pply)	ind Exclusion(s) C	anne	d (Select all that
	Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505		
	· //	Puls 500		
	Rule 504 (b)(1)(i)	Rule 506		
	Rule 504 (b)(1)(ii)	Securities Act Section		
	Rule 504 (b)(1)(iii)	☐ Investment Company A	ct Secti	on 3(c)
7	Type of Filing			
1.	Type of Filing			
V	New Notice Date of First Sale	2012-12-04	Fire	st Sale Yet to Occur
	Amendment			
0	Duration of Official			
	Duration of Offering			
Doe	es the Issuer intend this offering to	last more than one year?		Yes 🗹 No

9. Type(s) of Securities	s Offered (select all that apply)
Pooled Investment Fund Interests	
Tenant-in-Common Securities	Debt
☐ Mineral Property Securities	Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	✓ Other (describe)
	Sold units, each consisting of one share of common stock, one class A warrant and one class B warrant.
10. Business Combina	ation Transaction
Is this offering being made in co- combination transaction, such as exchange offer?	
Clarification of Response (if Nec	essary)
11. Minimum Investme Minimum investment accepted froutside investor	
10 Calca Campanasti	
12. Sales Compensation	
12. Sales Compensation	Recipient CRD Number  None
	Recipient CRD Number None  (Associated) Broker or Dealer None
Recipient	Recipient CRD Number None  (Associated) Broker or Dealer
Recipient  (Associated) Broker or Dealer	Recipient CRD Number None  None (Associated) Broker or Dealer None  CRD Number
Recipient	Recipient CRD Number None  (Associated) Broker or Dealer None
Recipient  (Associated) Broker or Dealer	Recipient CRD Number None  None (Associated) Broker or Dealer None  CRD Number
Recipient  (Associated) Broker or Dealer  Street Address 1	Recipient CRD Number None  None (Associated) Broker or Dealer None CRD Number  Street Address 2
Recipient  (Associated) Broker or Dealer  Street Address 1	Recipient CRD Number None  None (Associated) Broker or Dealer None CRD Number  Street Address 2
Recipient  (Associated) Broker or Dealer  Street Address 1  City	Recipient CRD Number None  None (Associated) Broker or Dealer None CRD Number  Street Address 2  State/Province/Country ZIP/Postal Code
Recipient  (Associated) Broker or Dealer  Street Address 1  City	Recipient CRD Number None  None (Associated) Broker or Dealer None  CRD Number None  Street Address 2  State/Province/Country ZIP/Postal Code
Recipient  (Associated) Broker or Dealer  Street Address 1  City	Recipient CRD Number None  (Associated) Broker or Dealer None  CRD Number  Street Address 2  State/Province/Country ZIP/Postal Code  All States
Recipient  (Associated) Broker or Dealer  Street Address 1  City  State(s) of Solicitation	Recipient CRD Number None  (Associated) Broker or Dealer None  CRD Number Street Address 2  State/Province/Country ZIP/Postal Code  All States
Recipient  (Associated) Broker or Dealer  Street Address 1  City  State(s) of Solicitation  13. Offering and Sales	Recipient CRD Number None  (Associated) Broker or Dealer None  CRD Number None  Street Address 2  State/Province/Country ZIP/Postal Code  All States  USD Indefinite
Recipient  (Associated) Broker or Dealer  Street Address 1  City  State(s) of Solicitation  13. Offering and Sales  Total Offering Amount  \$ 300000	Recipient CRD Number None  (Associated) Broker or Dealer None  CRD Number None  Street Address 2  State/Province/Country ZIP/Postal Code  All States  Mone CRD Number None  I None CRD Number None  State Address 2  I None CRD Number None  I None CRD Number None  I None CRD Number None  Street Address 2  I None CRD Number None  I None CRD Number Number Number Number
Recipient  (Associated) Broker or Dealer  Street Address 1  City  State(s) of Solicitation  Total Offering and Sales  Total Offering \$300000  Total Amount Sold \$232500  Total Remaining to \$675000	Recipient CRD Number

face amount of old no units in this offering.

14.	Investors					
	Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,  Number of such non-accredited investors who already have invested in the offering					
	Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:					
15.	Sales Commissions & Finders' Fees Expenses					
	ide separately the amounts of sales commissions and finders' fees expenses, if any. If the unt of an expenditure is not known, provide an estimate and check the box next to the amount.					
	Sales Commissions \$ 0 USD Estimate					
	Finders' Fees \$ 0 USD Estimate					
Clari	fication of Response (if Necessary)					
16.	Use of Proceeds					
for pa	ide the amount of the gross proceeds of the offering that has been or is proposed to be used ayments to any of the persons required to be named as executive officers, directors or noters in response to Item 3 above. If the amount is unknown, provide an estimate and check lox next to the amount.					
	\$ USD Estimate					
	fication of Response (if					
	, soury,					
Sig	unature and Submission					

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is
- Certifying that the Issuer is not disqualified from relying on any Regulation D

exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Tonix Pharmaceuticals Holding Corp.	/s/ Seth Lederman	Seth Lederman	Chief Executive Officer	2012-12-12