UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

longer subject to Form 5 obligations may continue. See Instruction 1(b).

Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(1 thit of Type Responses)
1. Name and Address of Reporting Person - LEDERMAN SETH 2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X DirectorX Officer (give titleOther (specify below))
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP, 509 MADISON AVE., SUITE 306 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2013 Chief Executive Officer Chief Executive Officer
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 5. 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) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Execution Date, if (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3) 2. Transaction Date, if (Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 4) (Instr. 4) (Instr. 4)
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
Persons who respond to the collection of SEC 1474 information contained 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 (e.g., puts, calls, warrants, options, convertible securities)
1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount

1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number o	I	o. Date Exe	rcisable and	7. Tittle and	Amount of	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Derivative		Expiration I	Date	Underlying	Securities	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day	y/Year)	(Instr. 3 and	14)	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A	or ((Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Disposed of	(D)						Owned	Security:	(Instr. 4)
	Security					(Instr. 3, 4, a	ınd						Following	Direct (D)	
						5)							Reported	or Indirect	
								_			Amount or		Transaction(s)	(I)	
									Expiration	Title	Number of		(Instr. 4)	(Instr. 4)	
				Code	V	(A)	(D)	Exercisable	Date		Shares				
Stock	\$ 0.51	02/12/2013		٨		1,350,000		<u>(1)</u>	02/12/2023	Common	1,350,000	\$ 0	0	D	
Option	\$ 0.31	02/12/2013		Α		1,330,000		<u>/</u>	02/12/2023	Stock	1,330,000	\$ 0	U	D	

Reporting Owners

Reporting Owner Name / Address		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LEDERMAN SETH C/O TONIX PHARMACEUTICALS HOLDING COR 509 MADISON AVE., SUITE 306 NEW YORK, NY 10022	P X	X	Chief Executive Officer				

Signatures

/s/ Seth Lederman	02/19/2013
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).
- (1) The stock option is granted pursuant to the Issuer's Amended and Restated 2012 Incentive Stock Plan, with such option vesting 1/3rd on the first anniversary of issuance and 1/36th each month thereafter for 24 months

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.

