Check this box if no longer subject to Section 16. Form 4 of Form 5 obligations may continue. *See* Instruction 1(b).

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

| | OMB APPROVAL | | | | | | | |
|--|-------------------|----------------------|--|--|--|--|--|--|
| | OMB | 3235- | | | | | | |
| | Number: | 0287 | | | | | | |
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| | Estimated average | | | | | | | |
| | burden hours per | | | | | | | |
| | response | 0.5 | | | | | | |

Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Form 5 obligations may continue. See 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 Respo | nses) | | | | | | | | | | |
|---------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|------------------------------------------|-----------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|-------------------------------------------------------------------|
| 1. Name and Addres GERSHELL LE | 2. Issuer N Symbol Tonix Phat [TNXP] | | | | U | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below | | | | | |
| (Last) C/O TONIX PHA HOLDING COR AVE., STE 306 | | 3. Date of Ea (Month/Day, 02/12/2013 | Year) | nsac | tion | | CFO and Treasurer | | | | |
| NEW YORK, NY | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Cheek Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | | Table I - Non-Derivative Securities Acqu | | | | | | ired, Disposed of, or Beneficially Owned | | | |
| (Instr. 3) Date Exec (Month/Day/Year) any | | Execu any | Deemed ttion Date, if th/Day/Year) | Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | D) 15) | Following Reported Transaction(s) (Instr. 3 and 4) | | 7. Nature of Indirect Beneficial Ownership (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 (9-02) required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | Tusk II Derivative Securities Acquired, Disposed of, of Dereneuing Owned | | | | | | | | | | | | | | |
|-------------|--------------------------------------------------------------------------|------------------|--------------------|-----------|--------------------|-----------------------------|-----------------|------------------|-----------------------|--------------|------------|-------------|----------------|-------------|------------|
| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | | 5. Number o | f | 6. Date Exe | rcisable and | 7. Title and | Amount of | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transac | saction Derivative | | Expiration Date | | Underlying Securities | | Derivative | Derivative | Ownership | of Indirect | |
| Security | or Exercise | (Month/Day/Year) | any | Code | | Securities (Month/Day/Year) | | (Instr. 3 and 4) | | 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 | nd | | | | | | Following | Direct (D) | |
| | | | | | | 5) | | | | | | | Reported | or Indirect | |
| | | | | | | | | D. | F • | | Amount or | | Transaction(s) | · / | |
| | | | | | | | | | Expiration | Title | Number of | | (Instr. 4) | (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Exercisable | Date | | Shares | | | | |
| Stock | ¢ 0 51 | 02/12/2012 | | | | 1 050 000 | | (1) | 02/12/2022 | Common | 1 050 000 | # 0 | 0 | D | |
| Option | \$ 0.51 | 02/12/2013 | | А | | 1,050,000 | | <u>(1)</u> | 02/12/2023 | Stock | 1,050,000 | \$ 0 | 0 | D | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------------------------------------------------------------------------------------|---------------|-----------|-------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| GERSHELL LELAND C/O TONIX PHARMACEUTICALS HOLDING CORP 509 MADISON AVE., STE 306 NEW YORK, NY 10022 | , | | CFO and Treasurer | | | | | |

Signatures

| /s/ Leland Gershell | 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.