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

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: November 30 Estimated average burden hours per response..

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OMB APPROVAL

3235-

0287

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) 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading 1. Name and Address of Reporting Person * Saks Samuel R (Check all applicable) Tonix Pharmaceuticals Holding Corp. X Director 10% Owner [TNXP] Officer (give title __Other (specify below below) (First) 3. Date of Earliest Transaction C/O TONIX PHARMACEUTICALS (Month/Day/Year) HOLDING CORP., 509 MADISON 02/12/2013 **AVENUE, SUITE 306** 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting Filed(Month/Day/Year) NEW YORK, NY 10022 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security 2. Transaction 4. Securities 5. Amount of 2A. Deemed (Instr. 3) Date Execution Date, if Transaction Acquired (A) or Securities Ownership of Indirect (Month/Day/Year) Disposed of (D) Beneficially Owned Beneficial Code Form: (Month/Day/Year) (Instr. 3, 4 and 5) Following Reported Direct (D) Ownership (Instr. 8) Transaction(s) or Indirect (Instr. 4) (A) (Instr. 3 and 4) (I) (Instr 4) Code Amount (D) Pric 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 (9-02) 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)

| Security (Instr. 3) | Conversion | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | Derivative | | Expiration Date (Month/Day/Year) | | of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial | |
|------------------------|------------|------------|---|-----------------------------------|---|------------|--|-------------------------------------|------------|-----------------------------|-------------------------------------|--------------------------------------|--|--|------------|---|
| | | | | Code | V | , | | Exercisable | Date | Title | Amount or Number of Shares | | ` ' | (Instr. 4) | | |
| Stock Option | \$ 0.51 | 02/12/2013 | | A | | 210,000 | | <u>(1)</u> | 02/12/2023 | Common Stock | 210,000 | \$0 | 0 | D | | ı |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|---|---|---------------|---------|-------|--|--|--|
| | | 10% Owner | Officer | Other | | | |
| Saks Samuel R C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022 | X | | | | | | |

Signatures

| /s/ Samuel Saks | 03/01/2013 |
|-------------------------------|------------|
| 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).
- 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. |
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