	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPF	ROVAL
FORM 4	Washington, D.C. 20549	OMB	323
Check this box if no		Number:	02

Check this box if no	
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

	OMB	32	235
	Number:	0	28
7	Expires:	November	30
	LAPITES.	2	01
	Estimated		
	burden ho	urs per	
	response.		0.

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)											
1. Name and Address DAUGHERTY BI	Symbol	Tonix Pharmaceuticals Holding Corp.						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)) below)			
(Last) (F C/O TONIX PHA HOLDING CORP AVE., SUITE 306	LS (Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2013						MARKS			
(S NEW YORK, NY		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (S	Table I - I	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		4. Securi Acquirec Disposec (Instr. 3, Amount	l (A) d l of (I 4 and (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$0.001 par value	05/31/2013		P			A	\$ 6.95	10,709	D		

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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exe	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	Number and Expiration Date A		Amo	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Deriv	Derivative		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Secu	rities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) c	r						Reported	or Indirect	
						Disp	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Inst									
						4, an	d 5)								
											Amount				
								Data	Emination		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Demosting Oppmen Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
DAUGHERTY BRUCE C/O TONIX PHARMACEUTICALS HOLDING CORP 509 MADISON AVE., SUITE 306 NEW YORK, NY 10022			SEE REMARKS				

Signatures

/s/ Bruce Daugherty	06/03/2013
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).

Remarks:

Senior Director of Drug Development and Secretary

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.