UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of report (date of earliest event reported): November 19, 2015

TONIX PHARMACEUTICALS HOLDING CORP.

(Exact name of registrant as specified in its charter)

Nevada	**001-36019**	**26-1434750**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

509 Madison Avenue, Suite 306, New York, New York 10022
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (212) 980-9155

Copy of correspondence to:

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Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

ITEM 7.01 Regulation FD Disclosure.

Tonix Pharmaceuticals Holding Corp. (the "Company") intends to utilize an updated investor presentation to conduct meetings with investors, stockholders and analysts and at investor conferences, and which the Company intends to place on its website, which may contain non-public information. A copy of the presentation is filed as Exhibit 99.01.

The information contained in Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.01, is furnished pursuant to, and shall not be deemed to be "filed" for the purposes of, Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section. The information contained in Item 7.01 of this Current Report shall not be incorporated by reference into any registration statement or any other document filed pursuant to the Securities Act of 1933, as amended, except as otherwise expressly stated in such filing. By filing this Current Report on Form 8-K and furnishing the information contained in this Item 7.01, including Exhibit 99.01, the Company makes no admission as to the materiality of any such information that it is furnishing.

ITEM 9.01 Financial Statements and Exhibits.

(d) Exhibits.

99.01 Corporate Presentation by the Company for November 2015*

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* Furnished herewith.

SIGNATURE

Pursuant to the requirement of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

TONIX PHARMACEUTICALS HOLDING CORP.

Date: November 19, 2015

By: */s/ LELAND GERSHELL*
Leland Gershell
Chief Financial Officer

Exhibit 99.01

NASDAQ: TNXP

Investor Presentation

November 2015

Cautionary note on forward-looking statements

Certain statements in this presentation regarding strategic plans, expectations and objectives for future operations or results are "forward-looking statements" as defined by the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking words such as "anticipate," "believe," "forecast," "estimate" and "intend," among others. These forward-looking statements are based on Tonix's current expectations and actual results could differ materially. There are a number of factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, substantial competition; our possible need for additional financing; uncertainties of patent protection and litigation; uncertainties of government or third party payor reimbursement; limited research and development efforts and dependence upon third parties; and risks related to failure to obtain U.S Food and Drug Administration clearances or approvals and noncompliance with its regulations. As with any pharmaceutical under development, there are significant risks in the development, regulatory approval and commercialization of new products. The forward-looking statements in this presentation are made as of the date of this presentation, even if subsequently made available by the Company on its website or otherwise. Tonix does not undertake an obligation to update or revise any forward-looking statement, except as required by law. Investors should read the risk factors set forth in the Annual Report on Form 10-K for the year ended December 31, 2014 and Quarterly Report on Form 10-Q for the period ended September 30, 2015, as filed with the Securities and Exchange Commission (the "SEC") on February 27, 2015 and November 6, 2015, respectively, and future periodic reports filed with the SEC on or after the date hereof. All of the Company's forward-looking statements are expressly qualified by all such risk factors and other cautionary statements.

TONIX PHARMACEUTICALS

Developing innovative medicines for large and growing markets

- **Targeting common pain conditions and a serious psychiatric disorder**
  - Non-opiate, non-barbiturate, non-benzodiazepine medicines
  - Two clinical-stage proprietary medicines targeting three unique indications
  - Highly differentiated products with potential for sustainable competitive clinical advantages
- **2016 to reveal results from three key clinical trials**
  - Fibromyalgia – Phase 3 will report in 3Q
  - Post-traumatic stress disorder – Phase 2 will report in 2Q
  - Episodic tension-type headache – proof-of-concept Phase 2 will report in 1Q
- **All intellectual property owned by Tonix – from internal R&D**

TONIX PHARMACEUTICALS

Pipeline led by Tonmya™ for fibromyalgia

Candidate	Indication	Preclinical	Phase 1	Phase 2	Phase 3	NDA	Market	Near-term Catalyst
Tonmya*	Fibromyalgia							Top line data 3Q 2016
TNX-102 SL	Post-Traumatic Stress Disorder							Top line data 2Q 2016
TNX-201	Episodic Tension-Type Headache							Top line data 1Q 2016

* Tonmya has been conditionally accepted by the FDA as the proposed tradename of TNX-102 SL for fibromyalgia.

NDA = New Drug Application; FDA = U.S. Food and Drug Administration.
Tonmya / TNX-102 SL (cyclobenzaprine HCl sublingual tablets, 2.8 mg) and TNX-201 (dexisometheptene mucate) are Investigational New Drugs and are not approved for any indication.

TONIX PHARMACEUTICALS

Fibromyalgia is a chronic, debilitating disorder that imposes a significant social and economic burden

- **Fibromyalgia is a neurobiological disorder characterized by:**
  - Chronic widespread pain
  - Nonrestorative sleep
  - Fatigue
  - Diminished cognition
- **Believed to result from amplified sensory and pain signaling in central nervous system[1]**
- **Causes significant impairment in all areas of life**
  - Lower levels of health-related quality-of-life – reduced daily functioning
  - Interference with work (loss of productivity, disability)
- **Inflicts substantial strain on the healthcare system**
  - Average patient has 20 physician office visits per year[2]
  - Annual direct medical costs are twice those for non-fibromyalgia individuals[3]

[1] *Phillips K & Clauw DJ, Best Pract Res Clin Rheumatol 2011;25:141.*
[2] *Robinson et al, Pain Medicine 2013;14:1400.*
[3] *White et al, J Occupational Environ Med 2008;50:13.*

TONIX PHARMACEUTICALS

Fibromyalgia is a prevalent disorder but remains under diagnosed

- 1.1% diagnosis rate = 2.7 million U.S. adults
  - suggests under-diagnosis
- Approximately 2.3 million U.S. adults receive treatment[2]
- **Approved drugs achieved 2014 U.S. sales of $1.2 billion[3]**
  - Represent about 5.6 million prescriptions[4]

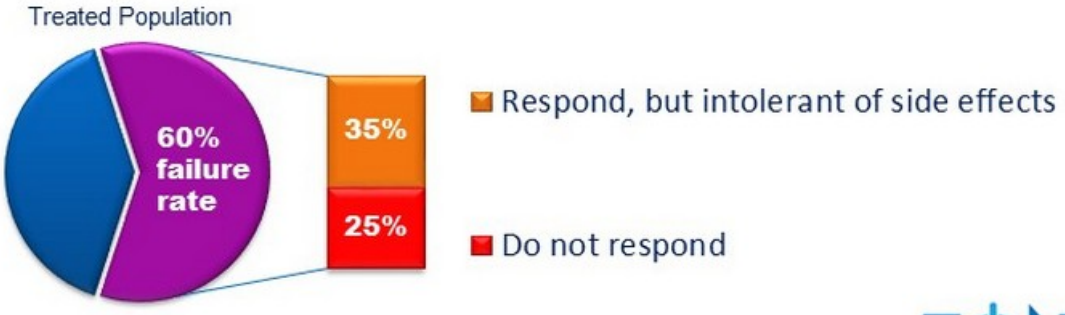
Estimated that >22 million prescriptions are issued for the treatment of fibromyalgia (on- and off-label usage) each year[2,4]

[1] *Lawrence et al, Arthritis Rheum 2008;58:26; Vincent et al, Arthritis Care Res 2013;65:786; Jones et al, Arthritis Rheum 2015;67:568.*
[2] *Robinson RL et al, Pain Med 2012;13:1366.*
[3] *Product sales derived from IMS MIDAS; IMS NDTI used to factor usage for fibromyalgia; data accessed April 2015.*
[4] *Independent study conducted by IMS Consulting Group, April 2015 using IMS MIDAS (ex-manufacturing price), factored for fibromyalgia based on IMS National Disease and Therapeutic Index (NDTI).*

TONIX PHARMACEUTICALS

Fewer than half of those treated receive sustained benefit from the three FDA-approved drugs

- The treatment objective is to **restore functionality** and **quality of life** by broadly improving symptoms while avoiding significant side effects
- The majority fail therapy due to **lack of a response** or **poor tolerability**[1]



[1] *Market research by Frost & Sullivan, commissioned by Tonix (2011).*

TONIX PHARMACEUTICALS

Large need for new fibromyalgia therapies that provide broad symptom relief with better tolerability

- **Currently-approved medications have side effects that limit long-term use[1]**
  - Many patients skip doses or discontinue altogether within months of treatment initiation
- **Medication-related side effects may be similar to fibromyalgia symptoms**
- **High rates of discontinuation, switching and augmentation**
  - Attempt to treat multiple symptoms and/or avoid intolerable side effects
  - Average of 2-3 medications used simultaneously[2]
  - The typical patient has tried six different medications[3]
- **Substantial off-label use of drugs to treat pain and other symptoms**

[1] *Nuesch et al, Ann Rheum Dis 2013;72:955-62.*
[2] *Robinson RL et al, Pain Medicine 2012;13:1366.*
[3] *"Patient Trends: Fibromyalgia", Decision Resources, 2011.*

TONIX PHARMACEUTICALS

Dissatisfaction with current fibromyalgia therapies results in inappropriate drug usage out of desperation

- **20-60%** of fibromyalgia patients receive opioid narcotics despite **no evidence to support chronic use**[1,2]
- Patients treated with opioid narcotics are **less likely to receive guideline-recommended medications**[1]
- Opioid narcotic users have **lower functional status, higher depression rates, and greater insomnia**[3]
- **Medical and prescription costs** associated with chronic opioid narcotic use in fibromyalgia patients **are substantial**[4]

[1] Halpern et al, Pain Practice 2015 (10.1111/papr.12364).
[2] Vincent et al, BMJ Open 2015;5:e006681.
[3] Peng et al, Clin J Pain 2015;31:7013.
[4] Painter et al, Am J Pharm Benefits 2014;6:e177-e184.

TONIX PHARMACEUTICALS

Tonix is developing Tonmya for fibromyalgia

- **Advanced sublingual tablet containing cyclobenzaprine (CBP) 2.8 mg**
  - Eutectic formulation rapidly delivers a low dose of CBP for transmucosal absorption
  - Avoids first-pass metabolism and reduces long-lived metabolite relative to oral administration
  - Designed for chronic bedtime administration, no titration
- **Tonmya's therapeutic action is believed to be due to improved sleep quality**
  - Non-restorative sleep is a common clinical and diagnostic feature of fibromyalgia[1]
  - Evolving understanding of the role of sleep in pain control and fibromyalgia development[2]
  - Tonmya targets receptors believed to play key roles in sleep physiology
- **Phase 2b "BESTFIT" study was successfully completed in 3Q14**
- **Top line data from ongoing Phase 3 "AFFIRM" study expected to report in 3Q16**

[1] *Swick TJ, Ther Adv Musculoskel Dis 2011;3:167-178.*
[2] *Choy EHS, Nat Rev Rheumatol adv online pub 28 April 2015.*
Tonmya is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

Phase 2b "BESTFIT" study of Tonmya in fibromyalgia

- **BESTFIT = BEdtime Sublingual TNX-102 SL as Fibromyalgia Intervention Therapy**
  - Randomized, double-blind, placebo-controlled trial
  - 2010 American College of Rheumatology diagnostic criteria for fibromyalgia
  - 205 participants randomized 1:1 at 17 U.S. sites
  - Sublingual tablet of Tonmya (TNX-102 SL 2.8 mg) or placebo daily at bedtime for 12 weeks
  - Evaluated measures of pain, sleep quality, and other assessments of fibromyalgia

Tonmya is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

Tonmya provided broad clinical benefit in BESTFIT

Category	Endpoint – week 12[1]	*p* value
Pain Relief	**30% responder analysis[2]**	**0.033**
Sleep Quality	PROMIS Sleep Disturbance	0.005
Overall response to therapy	PGIC	0.025
Assessment of disease impact	FIQ-R Total score	0.014

$p < 0.05$ → statistically significant

BESTFIT pre-specified primary endpoint:
change in week 12 mean pain score (p=0.172)

- PROMIS = Patient-Reported Outcomes Measurement Information System
- PGIC = Patient Global Impression of Change
- FIQ-R = Fibromyalgia Impact Questionnaire - Revised

[1] Intent-to-treat analysis, N=205 (Tonmya N=103, placebo N=102).
[2] FDA-accepted primary endpoint in current Phase 3 AFFIRM study.
Source: Phase 2b BESTFIT study data.
Tonmya is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

Tonmya was well tolerated in the BESTFIT study and in a 12-month open-label extension study

Systemic adverse events reported by at least 3.0% of the total BESTFIT study population	Tonmya *(N=103)*	Placebo *(N=101)*	Total *(N=204)*
Somnolence	1.9	6.9	4.4
Dry Mouth	3.9	4.0	3.9
Back Pain	4.9	3.0	3.9

- Most frequent local adverse events were administration site reactions
  - Previously reported in Phase 1 studies; no detectable bias on efficacy results
  - Transient tongue numbness (44% Tonmya vs. 2% placebo)
  - Abnormal taste (8% Tonmya vs. 0% placebo)
  - Similar incidences were observed in a completed 12-month open-label extension study
- No serious adverse events (SAE) reported with Tonmya
- Trial completion rates of 86% with Tonmya vs. 83% with placebo

Source: Phase 2b BESTFIT study data
Tonmya is an Investigational New Drug and is not approved for any indication

TONIX PHARMACEUTICALS

Tonmya in Phase 3 clinical development for fibromyalgia

- **Phase 3 AFFIRM Study is underway**

- Randomized, double-blind, placebo-controlled study in fibromyalgia
- N=500; approximately 35 U.S. clinical sites
- Primary efficacy endpoint:
  - Difference in 30% pain responder analysis at Week 12 between Tonmya and placebo

Top line data expected 3Q 2016

- **Second Phase 3 Study ("REAFFIRM") expected to begin in 2Q 2016**
  - Expected to be similar to AFFIRM in design and size

Source: Phase 2b BESTFIT study data
Tonmya is an Investigational New Drug and is not approved for any indication

TONIX PHARMACEUTICALS

TNX-102 SL in Phase 2 development for post-traumatic stress disorder (PTSD)

Candidate	Indication	Preclinical	Phase 1	Phase 2	Phase 3	NDA	Market	Near-term Catalyst
Tonmya	Fibromyalgia							Top line data 3Q 2016
TNX-102 SL	Post-Traumatic Stress Disorder							Top line data 2Q 2016
TNX-201	Episodic Tension-Type Headache							Top line data 1Q 2016

Tonmya / TNX-102 SL and TNX-201 are Investigational New Drugs and are not approved for any indication.

TONIX PHARMACEUTICALS

PTSD is a chronic stress disorder triggered by a traumatic event

- **PTSD is characterized by:**
  - re-experiencing the triggering event
  - negative alterations in mood/cognition
  - situation/stimulus avoidance
  - hypervigilance (anxiety, difficulty sleeping)
- **Considered a stress response, but prolonged and does not resolve with time**
  - 20% of women and 8% of men who experience significant trauma develop PTSD[1]
- **Associated with significant life disruption**
  - Social isolation, inability to maintain employment, loss of independent living
  - Unpredictable acts of violence, suicidal thoughts

[1] Kessler et al, Arch Gen Psychiatry 1995;52:1048.

TONIX PHARMACEUTICALS

PTSD is a prevalent problem for both civilians and the military

- ~70% are considered to have moderate to severe symptoms
- Of those diagnosed, ~50% utilize professional healthcare (psycho/pharmacotherapy)[2]

- **Higher prevalence in military population**
  - 20% of veterans from recent conflicts will have potential/provisional PTSD[3]
  - ~638,000 veterans with PTSD in the VA health system (2012)[4]
  - Majority are male
  - Alcohol and substance abuse are common

[1] *Kessler RC at al, Arch Gen Psychiatry 2013;62:617; U.S. Census Bureau, 2013 Projection.*
[2] *Wang et al, Arch Gen Psychiatry 2005;62:629.*
[3] *Report on VA Facility Specific Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans Diagnosed with Potential or Provisional PTSD.*
[4] *Bowe et al, J Dual Diagnosis 2015;11:22.*

TONIX PHARMACEUTICALS

Significant gap in current therapeutic landscape for PTSD

- **Medicines approved for PTSD often provide inadequate and/or inconsistent benefit**
  - Limited to two SSRIs, both of which carry suicidality warnings
  - US Institute of Medicine (IOM) concluded that evidence of treatment effect is low[1]
  - Lack of efficacy evidence in those with a history of combat-related trauma[2]
- **Sleep dysfunction in PTSD is resistant to currently-approved options**
  - 95%+ report insomnia, 83% report recurrent dreams of the trauma[3]
  - Correlated with disease severity, depression, substance abuse and suicide[4]
  - Drugs approved for insomnia have been shown to not improve PTSD sleep dysfunction
- **Off-label use of anxiolytics, sedative-hypnotics, and antipsychotics is common**
  - limited evidence of effectiveness; may be harmful
  - may interfere with other treatments such as cognitive behavioral therapy (CBT)

SSRI = selective serotonin reuptake inhibitor.

[1] Marshall et al, Am J Psychiatry 2001;158:1982.
[2] Jonathan Davidson, personal communications, 2014.
[3] Green B. Post-traumatic stress disorder: Symptom profiles in men and women. Curr Med Res Opin 2003;19:200–4.
[4] Germain et al, J Anxiety Disord 2005;19:233; Krakow et al, J Nerv Ment Dis 2002;190:442.

TONIX PHARMACEUTICALS

TNX-102 SL's potential as a treatment for PTSD is supported by clinical evidence and pharmacology

- **TNX-102 SL* targets mechanisms associated with treating disturbed sleep in PTSD**
  - Active on receptor sites believed to have treatment potential for sleep problems in PTSD (including 5-HT2a, alpha-1 adrenergic, and histamine-1 receptors)
- **Efficacy of "tricyclic" drug class in PTSD is supported by clinical data[1]**
  - Older tricyclics have side effects that limited their use
- **Improvements observed in BESTFIT study relate to PTSD core symptoms[2]**

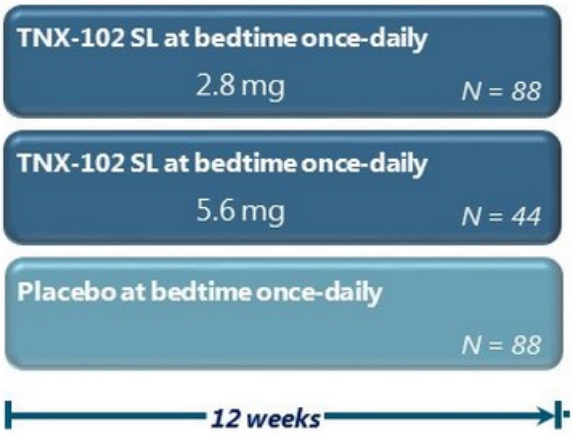
Outcome Measure at Week 12 in BESTFIT	*p* value
PROMIS Sleep Disturbance	0.005
FIQ-R Anxiety Item	0.015
FIQ-R Sensitivity Item	0.017

$p < 0.05$ → statistically significant

[1] Davidson J, J Psychopharm 2015;29:264.
[2] Phase 2b BESTFIT study data.
* TNX-102 SL is the same drug product as Tonmya.
TNX-102 SL is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

Phase 2 "AtEase" trial of TNX-102 SL in PTSD is ongoing



- Randomized, double-blind, placebo-controlled trial in military-related PTSD
- N=220; approximately 25 U.S. clinical sites
- Primary efficacy endpoint:
  - Difference in Clinician-Administered PTSD Scale (CAPS) score between TNX-102 SL 2.8 mg and placebo at 12 weeks

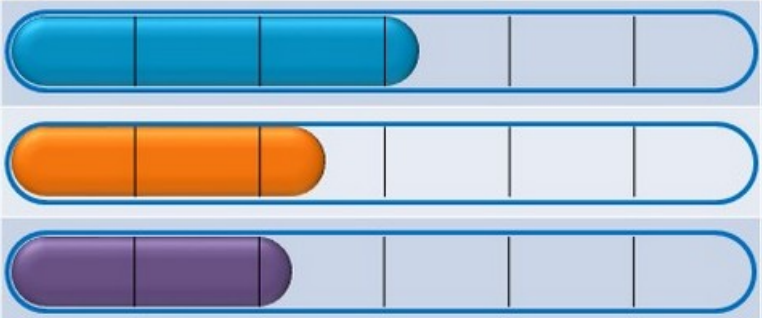
Top line data expected 2Q 2016

TNX-102 SL is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

TNX-201 in Phase 2 development for episodic tension-type headache

Candidate	Indication	Preclinical	Phase 1	Phase 2	Phase 3	NDA	Market	Near-term Catalyst
Tonmya	Fibromyalgia							Top line data 3Q 2016
TNX-102 SL	Post-Traumatic Stress Disorder							Top line data 2Q 2016
TNX-201	**Episodic Tension-Type Headache**							**Top line data 1Q 2016**



Tonmya / TNX-102 SL and TNX-201 are Investigational New Drugs and are not approved for any indication.

TONIX PHARMACEUTICALS

Episodic tension-type headache (ETTH) – the most common form of headache

- **More than 75 million adults in the U.S. experience ETTH each year[1]**
  - Constant band of pressure on the back/sides of head; "squeezed in a vice" feeling
  - Most are *infrequent (<1 per month)*; rarely require medical attention, mainly self-treated
- **21 million experience *frequent* ETTH each year[1]**
  - Frequent = one to 14 headaches per month over a three-month period
  - More likely to seek physician care and receive a prescription product[1,2]
- **ETTH is the major contributor to all 'non-migraine headaches'[1]**
  - Non-migraine headaches lead to 9.2 million emergency room or office visits each year[3,4]

[1] *Schwartz et al, JAMA 1998;279:381-383; Chowdhury, Ann Ind Acad Neurol 2012;15:83-88; Tonix analysis of public literature.*
[2] *Scher et al, Cephalalgia 2010;30:321-328; Tonix analysis of public literature.*
[3] *Health Care Utilization Project data, 2011.*
[4] *IMS National Disease and Therapeutic Index™ 2013.*

TONIX PHARMACEUTICALS

Many patients do not receive adequate relief from OTC treatments

- **"First-line" treatment - NSAIDs are most common**
  - Many patients self-medicate with a course of over-the-counter NSAIDs before seeing a physician[1]
  - Less than 50% of treated patients are pain-free at two hours[2]
  - Some are refractory to NSAIDs when they first seek medical attention[1]
  - Aspirin- and acetaminophen-containing products also used

OTC = over-the-counter; NSAID = non-steroidal anti-inflammatory drug.
[1] Based on independent study commissioned by Tonix, based on physician interviews using IMS National Prescription Audit (8/2013 – 7/142014) and IMS National Disease and Therapeutic Index™ Q3 2008 – Q3 2014.
[2] Moore et al, Pain 2014;155:2220-2228.

TONIX PHARMACEUTICALS

Prescription options for acute therapy are limited and potentially addictive

- **Butalbital combinations are the only FDA-approved prescription products for ETTH**
  - ~3.5 million prescriptions for these products are written per year for non-migraine headaches[1]
  - Butalbital is a barbiturate – and frequently combined with codeine, an opiate
  - Not recommended for extended use because of addiction, tolerance and abuse potential[2]

- **Opioid narcotic combination products are used off-label to treat non-migraine headaches**
  - Include products that contain hydrocodone, codeine, and tramadol[1]
  - ~5.3 million prescriptions for these products issued annually for the treatment of non-migraine headaches[1]

[1] Based on independent study commissioned by Tonix, based on physician interviews using IMS National Prescription Audit (8/2013 – 7/142014) and IMS National Disease and Therapeutic Index™ Q3 2008 – Q3 2014.
[2] Fioricet package insert.

TONIX PHARMACEUTICALS

Isometheptene previously used for ETTH without an approved NDA

- **Isometheptene (IMH) had been marketed for tension-type headache**
  - Single agent product for migraine was voluntarily withdrawn by Knoll Pharma in 1981
  - IMH-containing combination products remained on the market without approved NDAs
  - FDA label stated that IMH was "possible effective" for migraine[1]

- **2.5 million prescriptions of IMH-containing combination products were filled in 1997**
  - Midrin® – NDA withdrawn (2011)
  - Prodrin® – now marketed under *"Unapproved Drug Other"* category

[1] *IMS Health, National Prescription Audit, 01/1995 – 12/2000 (extracted 8/2014);*
IMS Health, IMS National Disease and Therapeutic Index™, 01/1995 – 12/2000 (extracted 8/2014).

TONIX PHARMACEUTICALS

Scientific rationale for development of TNX-201

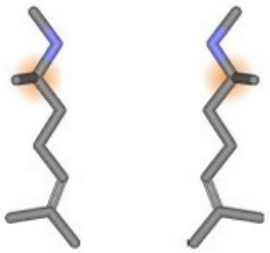
- **TNX-201 (dexisometheptene mucate) contains the (R) isomer of isometheptene**
  - Pharmacologic profile is distinct from (S) isomer per predinical studies
  - Represents a new class of analgesics (selective imidazoline-1 receptor agonists)

(R) isomer ✓

- Analgesic in two rat models of headache[1]
- Binds to imidazoline-1 receptor
- Inactive on adrenergic receptors

↓

TNX-201



(S) isomer ✗

- Sympathomimetic

[1] *Fried et al, Headache 2015;55:184.*

TNX-201 is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

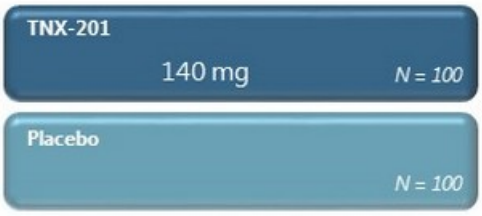
Current value proposition for TNX-201

- **Key attributes**
  - Unique analgesic mechanism of action (imidazoline-1 receptor agonist)
  - Differentiated pharmacology as a single isomer of isometheptene
  - May offer a non-addictive treatment option for ETTH
- **May serve patients who:**
  - Do not adequately respond to an NSAID
  - Would be candidates for treatment with butalbital and/or opioid narcotics
  - Suffer from medication overuse headaches
    - May be caused by NSAIDs, butalbital, or opioid narcotics

TNX-201 is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

Phase 2 proof-of-concept trial of TNX-201 in ETTH is ongoing



- Randomized, double-blind, placebo-controlled trial in episodic tension-type headache
- Goal is to assess treatment of approx. 150 headaches
- ~10 U.S. clinical sites

Top line data expected 1Q 2016

- **A proof-of-concept study to evaluate:**
  - Proportion of subjects who report "pain free" at several intervals post-dose
  - Proportion of subjects who use rescue medication during the 24 hour post-dose period
  - Change from baseline in pain severity score at several intervals post-dose
- **Results will be used to support discussion with FDA on Phase 3 study design**

TNX-201 is an Investigational New Drug and is not approved for any indication.

TONIX PHARMACEUTICALS

Intellectual property

Wholly-owned by Tonix with no obligations to others

Tonmya / TNX-102 SL
Fibromyalgia, PTSD

- Composition-of-matter (eutectic)
  - Patents filed
  - Protection expected to 2034
- Pharmacokinetics (PK)
  - Patents filed
  - Protection expected to 2033
- Method-of-use
  - Fibromyalgia: patents issued, 2020 expiry
  - PTSD: patents filed

TNX-201
Headache

- Composition-of-matter (isomer)
  - Patents filed
  - Protection expected to 2033

Tonmya / TNX-102 SL and TNX-201 are Investigational New Drugs and are not approved for any indication.

TONIX PHARMACEUTICALS

Financial overview

NASDAQ: TNXP	
Cash, cash equivalents, and marketable securities reported at September 30, 2015	$ 55.0 million
Cash used in operations in 2015 through September 30	$ 30.6 million
Shares outstanding (November 18, 2015)	18.8 million

TONIX PHARMACEUTICALS

Management team

Seth Lederman, MD President & CEO	TARGENT · Fusilev (levoleucovorin) for injection · vela PHARM
Leland Gershell, MD, PhD Chief Financial Officer	COWEN AND COMPANY · ATON PHARMA · Zolinza [vorinostat] capsules
Bruce Daugherty, PhD Chief Scientific Officer	MERCK · Roche
Gregory Sullivan, MD Chief Medical Officer	Columbia University Department of Psychiatry · New York State Psychiatric Institute
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Milestones – recent and upcoming

Tonmya – Fibromyalgia

☑	May 2015	Began Phase 3 AFFIRM study
☑	November 2015	Presented additional data from Phase 2b BESTFIT study at ACR
☐	3Q 2016	Report top-line results from AFFIRM study

TNX-102 SL – Post-Traumatic Stress Disorder

☑	January 2015	Began Phase 2 AtEase study in military-related PTSD
☑	August 2015	Reported >50% enrollment
☐	2Q 2016	Report top-line results from AtEase study

TNX-201 – Episodic Tension-Type Headache

☑	June 2015	Began randomization in proof-of-concept Phase 2 study
☑	June 2015	Presented non-clinical data at AHS (receptor, animal models)
☐	1Q 2016	Report top-line results from proof-of-concept Phase 2 study

Tonmya / TNX-102 SL and TNX-201 are Investigational New Drugs and are not approved for any indication.

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