FORM 4

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

OMB APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per response	0.5				

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	5)														
1. Name and Address of Reporting Person * OLUKOTUN ADEOYE Y			2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]						_x_ ı	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
C/O TO	(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVENUE, SUITE 1608				3. Date of Earliest Transaction (Month/Day/Year) 05/06/2019							officer (give t	itle below)	Other	(specify below)	
(Street) NEW YORK, NY 10022			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(Cir	y)	(State)	(Zip)				Tab	le I - Non-D	erivati	ive Securities	Acquired, D	isposed o	f, or Benefi	cially Owned		
1.Title of S (Instr. 3)	Date (Month/Day/Year) Execution Date, if (Month/Day/Year) Execution Date, if (Month/Day/Year) Code (Instr. 3, 4 and 5) Owned Following Reported Transaction(s) Ownership (Instr. 3, 4 and 5) Owned Following Reported (Instr. 3 and 4) Ownership (Form: Direct (D) or Indirect (I) (Instr. 4) er: Report on a separate line for each class of securities beneficially owned directly or indirectly.					Beneficial Ownership										
			Table I							of, or Benefic		l				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion Exercise rice of erivative Date		4. Transac Code	5. Numb	er ative s (A) sed	6. Date Exercisable and Expiration Date		7. Title and of Underlyi Securities	. Title and Amount f Underlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Security: Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)		
												Amount		(Instr. 4)	(Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable		Expiration Date	Title	or Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
OLUKOTUN ADEOYE Y C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 1608 NEW YORK, NY 10022	X						

Signatures

/s/ Jessica	Morris, Attorney-in-Fact	05/08/2019
Sig	nature 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 option was granted pursuant to the Issuer's 2019 Stock Incentive Plan.

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.