## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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hours per response	0.5

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

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	s)														
1. Name and Address of Reporting Person* SULLIVAN GREGORY M			2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]					D	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
C/O TO	(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDINGS CORP, 509 MADISON AVE., SUITE 1608				3. Date of Earliest Transaction (Month/Day/Year) 02/25/2020						X_(	X Officer (give title below) Other (specify below) Chief Medical Officer				
(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 PersonForm filed by More than One Reporting Person						
(Ci	ty)	(State)	(Zip)		Table I - Non-Derivative Securities Acqu				Acquired, D	lired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	itle of Security  2. Transaction Date (Month/Day/Ye.		Execution Date, if C		Coc (Ins	Fransaction de str. 8)	(A) o (Inst	courities Acqui or Disposed of r. 3, 4 and 5)  (A) or ount (D)			curities Beneficially g Reported		Ownership Form:	Beneficial Ownership		
Reminder:	Report on a	separate line for each	class of securities b	eneficia	ılly owı	ned dire	ctly	Pers	sons w	ho respond						1474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative S	Securiti	es A	Pers in th a cu	sons whis form	n are not rec valid OMB	uired to rescontrol nun	spond ur nber.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table I  3A. Deemed Execution Date, if	I - Deriv (e.g., 1 4. Transac Code	vative S puts, c stion o S S O O O O O O O O O O O O O O O O O	Securiti calls, wa	es A rran er ative s (A)	Pers in th a cu	sons whis formula is posed sercisab a Date	n are not rec valid OMB of, or Benefic rtible securiting	uired to rescontrol nun	Amount	nless the f	orm display  9. Number o	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi : (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I  3A. Deemed Execution Date, if any	I - Deriv (e.g., 1 4. Transac Code	vative S puts, c stion o S S O O O O O O O O O O O O O O O O O	Securiticalls, was 5. Number 5. Numb	es A rran er ative s (A)	Pers in th a cu cquired, D nts, options 6. Date Ex Expiration	isposed cercisab Date ay/Year	n are not rec valid OMB of, or Benefic rtible securiting	cially Owned es) 7. Title and of Underlyic Securities	Amount	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I  3A. Deemed Execution Date, if any	I - Deriv (e.g., 4. Transac Code (Instr. 8	vative S puts, c 5 ction o o o (1 ar	Securiticalls, was 5. Number 5. Numb	es Arran	cquired, Dats, options 6. Date Expiration (Month/Date  Date Exercisable	sons whis formation in the second sec	n are not rec y valid OMB ( of, or Benefic rtible securiti le and )	vially Owned es) 7. Title and of Underlyi Securities (Instr. 3 and	Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersl Form of Derivati Security Direct (I or Indires)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
SULLIVAN GREGORY M C/O TONIX PHARMACEUTICALS HOLDINGS CORP 509 MADISON AVE., SUITE 1608 NEW YORK, NY 10022			Chief Medical Officer		

### **Signatures**

/s/ Gregory M. Sullivan	02/27/2020
**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 option vests 1/3rd on the first anniversary of issuance and 1/36th each month thereafter for 24 months.
- (2) The option was granted pursuant to the Issuer's 2020 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.