FORM 4

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

OMB APPROVAL
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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 * BAGGER RICHARD H | | | | | 2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVE SUITE 1608 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/13/2020 | | | | | | | _ | Office | r (give title belo | w) | Other (specify | pelow) | |
| (Street) NEW YORK, NY 10022 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | | uire | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year | Exec any | Deemed cution Date, if Code (Instr. 8) 3. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8) 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4) Code (A) or Code (A) or Code (Instr. 3 and 4) | | ollowing (s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | | | | | |
| Common Stock, par value \$0.001 | | | 08/13/2020 | | | | P | V | 10,00 | | \$ 0.91 | 10 | 0,000 | | | D | | |
| Reminder: | Report on a s | ерагате ппе то | or each class of secu Table II - | Deriv | ative Securit | ies A | equire | Pers conta the f | ons whained i | no respo n this fo splays a | orm a curr | re nerely | ot requ y valid | | ormation pond unle rol numbe | ss | 1474 (9-02) | |
| | | | | | outs, calls, w | | ts, op | | | | | | | 1 | | _ | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | | Execution D | ate, if | Code (Instr. 8) | 5. Number of Derivativ Securitie Acquirec (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | on Date | Ar Ur Se | | nt of ying ies 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficia Ownersh (Instr. 4) | |
| | | | | | Code V | (A) | (D) | Date Exer | cisable | Expiration Date | on Ti | tle o | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| BAGGER RICHARD H C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVE SUITE 1608 NEW YORK, NY 10022 | X | | | | | |

Signatures

| /s/ Jessica Morris, Attorney-in-Fact | 08/17/2020 |
|--------------------------------------|------------|
| **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).

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.