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 * Treco James				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 306				3. Date of Earliest Transaction (Month/Day/Year) 08/14/2020							Office	er (give title belo	ow)	Other (specify	pelow)
(Street) NEW YORK, NY 10022				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						ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code (Instr. 8)		(4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following I Transaction(s) and 4)		\ /	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Cod	de	V	Amoun	(A) or (D)	Price				(I) (Instr. 4)	(111341. 4)
Common Stock, par value \$0.001		08/14/2020		P			4,500	Δ	\$ 1.06	4,500			D		
		opuluio mio n		Derivative Securi	ties Acq	uire	Perso contai the fo	ons wh ined ir orm dis	no respon this for splays a	rm are currei ieficial	not requality valid	OMB cont	ormation spond unle trol numbe	ss	1474 (9-02)
1 7711 0	2	2.77		(e.g., puts, calls, v		_					1	0 D : C	0.37 1	6 10	11.37.
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day,	Year) Execution Da	4. Transaction Code Year) (Instr. 8)	5. Number of Derivate Security Acquires (A) or Dispose of (D) (Instr. 34, and 55)	tive ties red ed	and Ex	ate Exercisable Expiration Date nth/Day/Year)		Amo Und Secu	itle and bunt of erlying irities r. 3 and			Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)
				Code V	(A) (Date Exerci		Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Treco James C/O TONIX PHARMACEUTICALS HOLDING CORP 509 MADISON AVE., SUITE 306 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.