FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)												
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)XDirector10% Owner					
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP, 509 MADISON AVENUE, SUITE 1608				3. Date of Earliest Transaction (Month/Day/Year) 08/31/2020					Office	er (give title belo	ow)(Other (specify b	elow)	
(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 Acquired, Disposed of, or Beneficially Owned										
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		(A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)			Collowing (s)	Ownership of Form:	7. Nature of Indirect Beneficial Ownership
			Code		V	Amour	(A) or (D)	Price	(msu. 3 a	iid +)		` /	(Instr. 4)	
Common Stock, par value \$0.001		08/31/2020		P		5,500	A	\$ 0.89	10,000			D		
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acquir	Pers cont the f	sons whatained in form dis	no respo n this fo splays a	rm are curre	e not requently valid	OMB con	formation spond unlea trol number	ss	1474 (9-02)
1 77'41	l _a	12 T .:		e.g., puts, calls, wa	arrants, o					°.1 1	lo. D.:	0.31 1	c 10	11.37.
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da Year) any		Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and Expiration Date (Month/Day/Year) ive es ed ded ,		Am Und Sec	itle and ount of lerlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Beneficial Ownership (Instr. 4)	
				Code V	(A) (D)		-	Expiration Date	on 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 AVENUE, SUITE 1608 NEW YORK, NY 10022	X					

Signatures

/s/ Jessica Morris, Attorney-in-Fact	09/01/2020
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.