FORM	4
------	---

1	Check this box if no	
	longer subject to Section	
	16. Form 4 or Form 5	
	obligations may	
	continue. See Instruction	
	1(b).	

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 of Type Responses)								1				
1. Name and Address of Reporting Person – LEDERMAN SETH	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_ Director10% Owner					
(Last) (First) C/O TONIX PHARMACEUTICALS HO CORP, 26 MAIN ST., SUITE 101	DDDIG	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2021					X_Officer (give title below)Othen	(specify below cer)			
(Street) CHATHAM, NJ 07928	4.	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State)	(Zip)		Table I - N	Non-D	erivative	Securitie	es Acqu	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Date, if Code (Instr. 8)		Code (4		(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of			3A. Deemed	4.								9. Number of		11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tion	Derivative		Expiration Date		Underlying Securities		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Yea	r)	(Instr. 3 and	4)	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)) or					(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Disposed of	(D)					` ´	Owned	Security:	(Instr. 4)
	Security					(Instr. 3, 4, a)	nd						Following	Direct (D)	. ,
						5)							0	or Indirect	
						- /			r				Transaction(s)	(I)	
								Date	Expiration		Amount or		· · ·	(Instr. 4)	
								Exercisable	Date		Number of		(11511. 1)	(1115411-1)	
				Code	V	(A)	(D)	Literensuore	Dute		Shares				
Stock Option	\$ 1.22	02/23/2021		А		3,000,000		02/23/2022 ⁽¹⁾	02/23/2031	Common Stock	3,000,000	\$ 0 (2)	3,000,000	D	
Stock Option	\$ 1.53	02/23/2021		А		3,000,000		02/23/2022 ⁽¹⁾	02/23/2031	Common Stock	3,000,000	\$ 0 <mark>(2)</mark>	3,000,000	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LEDERMAN SETH C/O TONIX PHARMACEUTICALS HOLDING CORP 26 MAIN ST., SUITE 101 CHATHAM, NJ 07928	X		Chief Executive Officer					

Signatures

/s/ Seth Lederman	02/25/2021	
**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) One-third of the option vests 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 Amended and Restated 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.