FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
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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). Form 3 Holdings Reported

Form 4 Transactions

Reported

ANNUAL 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

1. Name and Address of Reporting Per SULLIVAN GREGORY M	2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O TONIX PHARMACEUTI	CALS	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021				X_ Officer (give title below) Other (specify below) Chief Medical Officer				
HOLDINGS CORP, 26 MAIN 101										
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
CHATHAM, NJ 07928						_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acqu				Acqui	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (A) or Price		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Beneficial Ownership	
Common Stock, par value \$0.001	06/30/2021(1)		A	36,496	A	\$ 0.58	99,223	D		

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2	3. Transaction	3A. Deemed	1	5		6. Date Exer	roicable	7. Tit	la and	& Drice of	9. Number	10.	11. Nature
	-			T	J.									
	Conversion		Execution Date, if				and Expirati		Amou		Derivative		Ownership	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities			(Instr.	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Owned at	Direct (D)	
					(A) o	r						End of	or Indirect	
					Dispo	sed						Issuer's	(I)	
					of (D)						Fiscal Year	(Instr. 4)	
					(Instr	3,						(Instr. 4)		
					4, and							,		
										Amount				
							D .	T		or				
								Expiration	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address		Relationships							
		10% Owner	Officer	Other					
SULLIVAN GREGORY M C/O TONIX PHARMACEUTICALS HOLDINGS CORP 26 MAIN ST, SUITE 101 CHATHAM, NJ 07928			Chief Medical Officer						

Signatures

/s/ Gregory Sullivan	02/11/2022
**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) Shares acquired through the Tonix Pharmaceuticals Holding Corp. 2020 Employee Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.