FORM	4
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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).

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

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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 Type Responses)								•			
1. Name and Address of Reporting Person – 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 PHARMACEUTICALS CORP, 26 MAIN ST., SUITE 101	TOLDDIGG	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2022					X_Officer (give title below)Other (specify below) Chief Medical Officer				
(Street) CHATHAM, NJ 07928	2	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year	Day/Year) Execution Date, if Code (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				(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.

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

(e.g., puts, calls, warrants, options, convertible securities)															
Security	Conversion	Date (Month/Day/Year)	Execution Date, if	Code		5. Number of Derivative Securities Acquired (A) Disposed of ((Instr. 3, 4, at 5)) or (D)	6. Date Exercisab Expiration Date (Month/Day/Year	7. Title and Underlying (Instr. 3 and	Securities		Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Stock Option	\$ 0.207	02/15/2022		А		1,250,000		02/15/2023 ⁽¹⁾	02/15/2032	Common Stock	1,250,000	\$ 0 <u>(3)</u>	1,250,000	D	
Stock Option	\$ 0.414	02/15/2022		А		1,250,000		02/15/2023 ⁽²⁾	02/15/2032	Common Stock	1,250,000	\$ 0 <u>(3)</u>	1,250,000	D	
Stock Option	\$ 0.621	02/15/2022		А		1,250,000		02/15/2023 ⁽²⁾	02/15/2032	Common Stock	1,250,000	\$ 0 (<u>3)</u>	1,250,000	D	
Stock Option	\$ 0.828	02/15/2022		А		1,250,000		02/15/2023 ⁽²⁾	02/15/2032	Common Stock	1,250,000	\$ 0 <u>(3)</u>	1,250,000	D	

Reporting Owners

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

Signatures

/s/ Gregory M. Sullivan

02/17/2022
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) 10% of the option vests on the first anniversary of issuance, 10% on the second anniversary of issuance, 40% on the third anniversary of issuance, and 40% on the fourth anniversary of issuance.

(3) 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.