FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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per response	0.5

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

(Fillit of Ty	pe Kesponse	5)															
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)XDirector				
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2022							_	Officer (give title	below)	Other (s	pecify below)	
(Street) CHATHAM, NJ 07928				4. If	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 Acqui							s Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		Year) I	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		(D) O	5. Amount of Securities Owned Following Repor (Instr. 3 and 4)		ported Transaction(s)		. Nature of Indirect Beneficial Ownership		
						C	ode	V	Amount	(A) or (D)	Price			(r Indirect (i) (nstr. 4)	Instr. 4)	
Reminder:	Report on a s	separate line for eacl	n class of securities b			owned directly		ti c	Person his for current	m are ly valid	not requi d OMB co	red to re ontrol nu				SEC 1	474 (9-02)
			1 20			puts, calls, wa							neu				
	Ve Conversion Oate Execution Date, if Transcription or Exercise (Month/Day/Year) Execution Date, if Co			4. Transac Code				6. Date Expira		sable ar	Unde		and Amount of ing Securities and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercis	sable	Exp Dat	oiration te	Title	Amount or Number of Shares		Transaction(s (Instr. 4)	(I) (Instr. 4)	
Stock Option	\$ 0.132	05/09/2022		A		2,131,500		05/09	0/2023	(1) 05	/09/2032	Comm Stock		\$ 0 (1)	2,131,500	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Treco James C/O TONIX PHARMACEUTICALS HOLDING CORP CHATHAM, NJ 07928	X						

Signatures

/s/ Jessica Morris, Attorney-in-Fact	05/11/2022
**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) 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.