FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours 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

(Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person *- Rhodes John B				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 Director 10% Owner					
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVENUE, SUITE 306				3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018							Officer (give	title below)		(specify below	()	
NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	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						Acquired, I	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year) any	ion	Date, if	Code (Inst	ransaction e r. 8)	(A) (curities Acquirer Disposed of r. 3, 4 and 5)	(D) Owne Trans		ecurities Be ng Reported		wnership orm: irect (D) Indirect	Beneficial Ownership
Persons who respond to the collection of information contained SEC 1474 (9-02) in 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)																
Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. 5. Number Transaction of Code Derivative		ve es d	6. Date Exercisable and Expiration Date A (Month/Day/Year) U S.			7. Title an Amount of Underlying Securities (Instr. 3 ar	f g	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect		
				Code	V	(A)	(D)	Date Exercisab	le	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$ 4.25	06/12/2018		A		30,000		06/12/20	19 <mark>(1)</mark>	06/12/2028	Commor Stock	30,000	\$ 0 <u>(1)</u>	30,000	D	

Reporting Owners

Describes Occurs Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Rhodes John B C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	X					

Signatures

/s/ Jessica Morris, Attor	ney-in-Fact	06/13/2018		
**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 2018 Stock Incentive Plan.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

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.