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).

(Print or Type Responses)

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 Person * MATHER CHARLES E IV				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)	
(Street)					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				
NEW YO	ORK, NY 1	0022									For	m filed by N	lore than One R	eporting Person		
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							d									
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)			Date, if Co		ansaction r. 8)	(A) (4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				l (Ownership of Eorm:	Nature Indirect eneficial wnership
				(Wionu	i/Da	y/ I car)	Co	ode V	Amo	ount (A) or (D)	Price			(r Indirect (
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ılly	owned di	rectl	Per in ti	sons v	ho respond	quired to r	espond	unless the		ed SEC 14	74 (9-02)
								quired, D	isposed	currently va of, or Benefic rtible securiti	cially Own		iumber.			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)				6. Date E Expiration (Month/I	n Date	ar)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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 Exercisa	ole	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$ 4.25	06/12/2018		A		20,000		06/12/2	019 <mark>(1)</mark>	06/12/2028	Common Stock	20,000	\$ 0 <u>(1)</u>	20,000	D	

Reporting Owners

December Occurs Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MATHER CHARLES E IV C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	X					

Signatures

/s/ Jessica Morris, Attorney-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.