| FORM | 4 |
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| Check this l | oox if no |
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| longer subje | ect to |
| Section 16. | Form 4 or |
| Form 5 obli | gations |
| may continu | ie. See |
| Instruction | 1(b). |

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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See
 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 - LANDRY DONALD W | 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) C/O TONIX PHARMACEUTICALS CORP., 509 MADISON AVENUE, S | HOLDING | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018 | | | | | | her (specify belo | w) | | |
| (Street) NEW YORK, NY 10022 | 4 | 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 | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if | (Instr. 8) | | (A) or D (Instr. 3, | (A) or | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Direct (D) or Indirect (I) | Beneficial Ownership | |
| | | | Code | V | Amount | (D) | Price | | (Instr. 4) | | |

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

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) | | | | | | | | | | | | | | |
|-----------------|--|------------------|--------------------|------------|-----|-------------------|-----------------------------------|-----------------------------|--------------------|------------------|------------|-----------------|------------------------------|-------------------|------------|
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | | 5. Numb | 5. Number 6. Date Exercisable and | | | 7. Title and | l | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transact | ion | of | of Expiration Date A | | Amount of Der | | Derivative | Derivative | Ownership | of Indirect | |
| Security | or Exercise | (Month/Day/Year) | | Code | | Derivati | vative (Month/Day/Year) | | Underlying Securit | | Security | Securities | Form of | Beneficial | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) |) | Securitie | | | | | | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | | Acquire | d | | | (Instr. 3 and 4) | | | | - | (Instr. 4) |
| | Security | | | | | (A) or | 1 0 | | | | | | | Direct (D) | |
| | | | | | | Dispose | d of | | | | | | 1 | or Indirect | |
| | | | | | | (D) (Instr. 3, | 4 | | | | | | Transaction(s) (Instr. 4) | (I) (Instr. 4) | |
| | | | | | | and 5) | ч, | | | | | | (IIISU. 4) | (111501.4) | |
| | | | | | | , | | | | | Amount | | | | |
| | | | | | | | | | | | or | | | | |
| | | | | | | | | | Expiration | Title | Number | | | | |
| | | | | | | | | Exercisable | Date | | of | | | | |
| | | | | Code | V | (A) | (D) | | | | Shares | | | | |
| Stock Option | \$ 4.25 | 06/12/2018 | | А | | 20,000 | | 06/12/2019 <mark>(1)</mark> | 06/12/2028 | Common Stock | 20,000 | \$ 0 <u>(1)</u> | 20,000 | D | |

Reporting Owners

| Demonstrate Operation Names (Addressed | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| LANDRY DONALD W C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022 | х | | | | | | | |

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, 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.