FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
nours 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 *- GRACE PATRICK P				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							Year)		Officer (give	title below)		(specify belo	w)
NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)							Day/Year)	_X_ F	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							e Securities A	Acquired,	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		(A (Im	A) or	curities Acquir Disposed of 3, 4 and 5)	(D) Owne Trans		ecurities Be ng Reported	i (Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	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																
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	tion	5. Numb	ve es d	Expiration Date Ar (Month/Day/Year) Ur Se (Ir		7. Title an Amount o Underlyin Securities	ount of derlying Sec (Ins str. 3 and 4)		9. Number o Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Ownership (Instr. 4) Ownership		
				Code	v	(A)	(D)	Date Exerci	sable		Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$ 4.25	06/12/2018		A		20,000		06/12	:/2019	1)	06/12/2028	Common Stock	20,000	\$ 0 <u>(1)</u>	20,000	D	

Reporting Owners

Demostra Commun Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
GRACE PATRICK P 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.