# FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
stimated average burden						
ours per respons	e 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 Responses)	)																
	d Address of I IAN SETH	Reportin	ng Person *			Tonix Pharmaceuticals Holding Corn [TNXP]								ı	(Che	oorting Person(seck all applicable	le)	
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVENUE, SUITE 306					06/	3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018									X_ Director10% Owner X_ Officer (give title below) Other (specify below) Chief Executive Officer			
(Street)				4. If									_X_ Form fil	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 (City)	RK, NY 10	(State)		(Zip)														
		(State)	1					ole I - N	Non-			urities				Beneficially Ov		
1.Title of So (Instr. 3)	ecurity		2. Transact Date (Month/Da	y/Year)	any	ned n Date, if Day/Year)	Со	ode	on	4. Securi Acquired Disposed (Instr. 3,	l (A) o l of (E	<b>)</b> )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
~	~						(	Code	V	Amount	or (D)	Price	e	, ,		(I) (Instr. 4)	:. 4)	
Common value	Stock, \$0.00	01 par	06/12/203	18				P		1,000	A	\$ 4.37	7 1	16,166		D		
Common value	Stock, \$0.00	01 par	06/12/20	18				P		2,000	A	\$ 4.37	7 2	20,463		I	By Lederman & Co., LLC (1)	
Common value	Stock, \$0.00	01 par											2	22,700		I	By 401(k) plan	
Common value	Stock, \$0.00	01 par											4	15,900		I	By IRA account	
Common value	Stock, \$0.00	01 par											3	3,100		I	By spouse	
Common value	Stock, \$0.00	01 par											2	2.917	I		By Leder Laboratories, Inc. (1)	
Common value	Stock, \$0.00	01 par											2	2,917		I	By Starling Pharmaceuticals, Inc. (1)	
Common value	Stock, \$0.00	01 par											3	3,246		I	By L&L Technolog	gies,
Common value	Stock, \$0.00	01 par											5	5,898		I	By Targer Pharmace LLC (1)	
Reminder: I	Report on a se	parate li	ine for each	class of s	ecurities	beneficia	lly o	owned	direc	tly or								
manectry.										containe	d in t	his fo	orm		uired to re	spond unles	s	1474 (9- 02)
				Table II	- Deriva	ative Secu	riti	es Acq			·	_		urrentiy valid		itrol number.		
	- 1-					uts, calls,	wa		_									
Security or Exercise (Month/Day/Year) any		Date, if	te, if Transaction of Code Deriv Secur (Instr. 8) Secur Acqu (A) o Dispo of (D (Instr. 8)		of	tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		I S	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of 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	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	V	(A)	(D)	Date Exercisal		piration ate	on ,	Amount or Title Number of Shares				

## **Reporting Owners**

Danastina Omnas Nama / Addusa	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LEDERMAN SETH C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	X		Chief Executive Officer					

## **Signatures**

/s/ Seth Lederman	06/14/2018
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) Reporting person may be deemed to be a control person of this entity.

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.