FORM 4

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

OMB APPROVAL
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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	s)																
Name and Address of Reporting Person * LEDERMAN SETH					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 AVE., SUITE 306					3. Date of Earliest Transaction (Month/Day/Year) 06/27/2018							X Officer (give title below) Other (specify below) Chief Executive Officer						
(Street) NEW YORK, NY 10022				4. I	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)			Tab	ole I - N	Non-	Derivativ	e Secu	rities A	Acqu	ired, Dispe	osed of, or I	Beneficially Ov	vned	
1.Title of S (Instr. 3)	tr. 3) Date Ex (Month/Day/Year) an		Execution any	. Deemed ecution Date, if		Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Sec Beneficially Owr Following Repor Transaction(s) (Instr. 3 and 4)		wned	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Ber Ownership (Instr. 4)			
						(Code	V	Amount	(A) or (D)	Price			(I) (Instr. 4)				
Common value	Common Stock, \$0.001 par value 06/27/2018					P		500	A	\$ 4.55	16,6	566		D				
Common value	Stock, \$0.0	001 par											22,7	,700		I	By 401(k) plan	
Common value	Stock, \$0.0	001 par											45,900			I	I By IRA account	
Common Stock, \$0.001 par value										3,100		I	By spouse					
Common Stock, \$0.001 par value										2,917		I	By Leder Laboratories, Inc. (1)					
Common Stock, \$0.001 par value										2,917		I	By Starlin Pharmace Inc. (1)					
Common Stock, \$0.001 par value										20,463		I	By Lederi Co., LLC					
Common Stock, \$0.001 par value										3,246		I	By L&L Technolog LLC (1)	gies,				
Common Stock, \$0.001 par value												5,89	5,898		I	By Targent Pharmaceuticals, LLC (1)		
Reminder: I	Report on a s	eparate li	ine for each	class of	securitie	s beneficia	lly c	owned	direc	tly or								
									c	ontaine	d in t	his for	m ar	e not req		spond unles	s	1474 (9- 02)
				Table I					uire	l, Dispos	ed of,	or Bene	eficia	ally Owned		itrol number.		
1 Title of	2	3 Tranca	action	3 A Doon	` ' '	puts, calls	_								8 Price of	9. Number of	10.	11. Nature
Security or Exercise (Month/Day/Year) any		n Date, i	te, if Transaction of			sed 3,			Date An ear) Un Sec		Fitle and count of derlying curities str. 3 and	8. Price of Derivative Security (Instr. 5)		Ownership of Form of Berivative Security: Direct (D) or Indirect	of Indirect Beneficial			
						Code	V	(A)		Date Exercisal		piration te	Titl	Amount or Number of Shares				

Reporting Owners

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

Signatures

/s/ Seth Lederman	06/28/2018
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.