FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL						
OMB	3235					
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response.	0.					

(Print or Type F	Response	es)														
1. Name and Address of Reporting Person *- GERSHELL LELAND			Symbol	Symbol Tonix Pharmaceuticals Holding Corp.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner _X Officer (give title Other (specify below)							
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVE., STE 306			S (Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 05/21/2013					cFO and Treasurer							
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City)	(Sta	te) (Zip)	Table I - I	Non-De	rivati	ve Secur	ities	Acqui	red, Dispose	d of, or	Benefici	ally Own	ed			
(Instr. 3)		Date	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code		4. Securities Acquired (A Disposed of (Instr. 3, 4 a		(D)	5. Amount o Securities Beneficially Following R	Owned	Form:	ship of In Ben	ature ndirect eficial nership			
				Code	v	Amount	(A) or (D)		Transaction(: (Instr. 3 and	/	or Indi (I) (Instr.	rect (Ins	tr. 4)			
Common Sto \$0.001 par va		05/21/2013		P		100	A	\$ 7.49	100,100		D					
Reminder: Repedirectly or indir		separate line for each	ch class of securitie	s benefic	cially	owned										
directly of filedi	теспу.				info	ormation quired to	n co res	ntaine spond	nd to the col ed in this for unless the f control nun	m are orm d	not		C 1474 (9-02)			
			erivative Securitie g., puts, calls, war	-		-			•	ed						
(Instr. 3) Pric	nversion Exercise ce of rivative curity	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, i) any (Month/Day/Y ea	Code		5. Number of Derivate Security Acquire (A) or Dispos of (D) (Instr. 3 4, and 5	ive ies ed ed s,	and Exp	Exercisable biration Date /Day/Year)	Amo Und Secu	tle and bunt of erlying urities r. 3 and	Derivative Security (Instr. 5)	-	rative rities ficially ed wing rted saction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficial Ownersh (Instr. 4)
								Date Exercis	Expiration Date	Title	or Number of					

Reporting Owners

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
GERSHELL LELAND C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVE., STE 306 NEW YORK, NY 10022			CFO and Treasurer					

Signatures

/s/ Leland Gershell	05/21/2013
**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).

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.