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

OMB APPROVAL OMB

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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

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 Respons	ses)	. ,				·								
1. Name and Address of Reporting Person * 2. Issuer Name and GERSHELL LELAND Symbol					nd Ticker or Trading euticals 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  (Month/Day/Year) 06/17/2014									Chief Financial Officer						
(Street) 4. If Amendment, E Filed(Month/Day/Year) NEW YORK, NY 10022									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)	(Si	tate) (Zip)	Table I - N	on-Deri	vati	ve Securi	ties .	Acquired, D	isposed of, or	Beneficia	lly Owned				
1.Title of S (Instr. 3)	I	Date Ex Month/Day/Year) an	y Month/Day/Year) (I	ransaction ode (nstr. 8)	on A		(A) of (I and (A) or	or Securi O) Benef 5) Follow Transa	nount of ities icially Owned wing Reported action(s) 3 and 4)	6. Owners Form: Direct ( or Indirect) (I) (Instr. 4	Benefi Owner (Instr.	rect cial rship			
Reminder: directly or		separate line for each			Per info req cur	rsons whormation puired to rently va	cor res	ntained in t pond unles OMB contr	he collection his form are as the form d ol number.	not		1474 9-02)			
			rivative Securities ., puts, calls, warr	-		-			y Owned						
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction	3A. Deemed Execution Date, if	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$ 9.87	06/17/2014		A		30,000	(9)	<u>(1)</u>	06/17/2024	Commo		\$0(2)	30,000	D	
Repor	rting (	Owners													
								Relationsh	ips						
Reporting Owner Name / Address					Director 10% Owner Officer Other										

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

## **Signatures**

/s/ Leland Gershell	06/19/2014
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 vests 1/3rd on the first anniversary of issuance and 1/36th each month thereafter for 24 months.

(2) The option was granted pursuant to the Issuer's 2014 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.