FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPI	ROVAL
	Washington, D.C. 20549	OMB	323
	•	Number:	02

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB	3235
Number:	0287
Estimated average	
burden hours pe	r
response	0.5

(9-02)

iled 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 Type Respo	nses)										
1. Name and Address of Reporting Person – LEDERMAN SETH								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _XDirector10% Owner _X_Officer (give titleOther (specify below)			
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP, 509 MADISON AVE., SUITE 306			3. Date of Earliest Transaction (Month/Day/Year) 06/17/2014					below) Chief Exec	utive Officer		
(Street) NEW YORK, NY 10022			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/C Applicable Line) _X_ Form filed by One Repo Form filed by More than	orting Person		
(City) (State) (Zip)			Table I -	Non-De	riva	tive Securitie	red, Disposed of, or F	r Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execu any	,	Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5 (A) or		A) or f (D) and 5) A) or	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	· · ·	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained 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

	(e.g., puts, calls, warrants, options, convertible securities)														
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	ion )		(A) ed	6. Date Exer Expiration I (Month/Day	Date //Year)	7. Title and of Underlyi Securities (Instr. 3 and	ng	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option	\$ 9.87	06/17/2014		А		100,000		<u>(1)</u>	06/17/2024	Common Stock	100,000	\$0 <u>(2)</u>	100,000	D	

## **Reporting Owners**

Departing Original Name / Address	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	х		Chief Executive Officer				

## **Signatures**

/s/ Seth Lederman	06/20/2014
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.