FORM 4

Γ

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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per 0.5 response ..

(9-02)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

(Print or Type Respo	onses)										
1. Name and Addres SULLIVAN GRI	Symbol	Tonix Pharmaceuticals Holding Corp.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner 0/fficer (give title Other (specify below)				
(Last) C/O TONIX PHA HOLDINGS CO AVE., SUITE 30	(infoliat/Day	/Year)	nsac	ction		below) Chief Medical Officer					
NEW YORK, NY	Filed(Month/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)	Table I -	Table I - Non-Derivative Securities Acqu					uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		D) 15)	5. Amount of 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

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of			3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transaction of		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code Derivative		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Securities				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative			Acquired							Owned	Security:	(Instr. 4)		
	Security			(A) or						0	Direct (D)				
				Disposed of							1	or Indirect			
				(D)								Transaction(s)	· · /		
				(Instr. 3, 4,							(Instr. 4)	(Instr. 4)			
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock	¢ ((0	10/20/2014				26 500		(1)	10/20/2024	Common Stock	26 500	())	26 500	D	
Option	\$ 6.68	10/29/2014		A		26,500		<u>(1)</u>	10/29/2024	Stock	26,500	\$0 <mark>(2)</mark>	26,500	D	
Option										STOCK					

Reporting Owners

	Benerting Owner Nome / Address	Relationships						
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
C/O TO 509 MA	VAN GREGORY M NIX PHARMACEUTICALS HOLDINGS CORP DISON AVE., SUITE 306 ORK, NY 10022			Chief Medical Officer				

Signatures

/s/ Gregory M. Sullivan	11/03/2014
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.

 $(\mathbf{2})$ 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.