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**

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

Common

10/29/2024

\$0(2)

36,000

36,000

D

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 Type R	esponses)											
1. Name and Address of Reporting Person * KELLERMAN DONALD J		Symbol	Tonix Pharmaceuticals Holding Corp.			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner			ow)			
	(First) (Middl PHARMACEUTICA CORP., 509 MADISO UITE 306	LS (Month/Day/	Year)	ction	DEIOW)	See	Remarks					
NEW YORK	(Street) , NY 10022		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State) (Zip)	Table I -	Non-Deriva	tive Securities A	Acquired, D	isposed of, or	Beneficially	Owned				
1.Title of Securi (Instr. 3)	ity 2. Transaction Date (Month/Day/Year)	Execution Date, if	Code	4. Securities Acquired (A) of Disposed of (D (Instr. 3, 4 and (A) or Amount (D)	or Secur D) Benef 5) Follow Trans (Instr.	nount of ities icially Owned wing Reported action(s) . 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Natur of Indir Benefic Owners (Instr. 4	ect ial hip			
Reminder: Repo	ort on a separate line for eectly.	each class of securitie	Pe in re	ersons who re formation cor equired to resp urrently valid	ntained in to	his form are s the form d	not	SEC 1- (9-	474 02)			
		Derivative Securitie				ly Owned						
		e.g., puts, calls, war					1			1		1
(Instr. 3) Price	xercise (Month/Day/Ye e of ivative	3A. Deemed Execution Date, i any (Month/Day/Yea	Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exe Expiration (Month/Da		7. Title and A of Underlyin Securities (Instr. 3 and	g	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
					Date	Expiration	(Amount or Number				

<u>(1)</u>

36,000

Reporting Owners

\$ 6.68

10/29/2014

Reporting Owner Name / Address		Relationships					
		10% Owner	Officer	Other			
KELLERMAN DONALD J C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022			See Remarks				

Signatures

Stock

Option

/s/ Donald J. Kellerman	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.

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

Remarks:

Senior Vice President, Clinical Development and Medical Affairs

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.