### FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
Estimated average

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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

		ection 50(n) of th	ic mives	tille	iii Com	Jany	71010	1740						
(Print or Type Respor 1. Name and Address MARIO ERNEST	Symbol	Tonix Pharmaceuticals Holding Corp.					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)							
(Last) (I C/O TONIX PHA HOLDING CORF AVENUE, SUITE	LS (Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 02/09/2015					below)							
NEW YORK, NY		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 - N	Non-Der	ivati	ive Secur	ities .	Acqui	red, Dispose	d of, or l	Beneficia	ılly Owne	d		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	· ·	Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D)	5. Amount of Securities Beneficially Own Following Report Transaction(s)		6. Owners Form: Direct ( or Indir	` /	lirect ficial ership		
			Code	V	Amount	(A) or (D)	Price	(Instr. 3 and		(I) (Instr. 4	Ì	. 4)		
Common Stock, \$0.001 par value	02/09/2015		P		30,000	A	\$ 5.85	196,472		D				
Reminder: Report on directly or indirectly.	a separate line for ea	ach class of securities	benefic	ially	owned									
				info	ormation quired to	n coi res	ntaine pond	nd to the co ed in this for unless the control nur	m are i	not	(	(9-02)		
		Derivative Securities	-	-	•	- 1		•	ed					
1. Title of Derivative Conversic Security (Instr. 3) Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date, it	4. Transa Code	8)	5. Number of Derivat Securiti Acquire (A) or Dispos of (D) (Instr. 2, 4, and 5	ed (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date on Date	Exercisable piration Date /Day/Year)  Expiration able Date	Secur (Instr 4)  Title	ınt of rlying		f 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 Indirec Beneficial Ownershi (Instr. 4)

#### **Reporting Owners**

Donouting Owner Name / Adduces	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MARIO ERNEST C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	X					

#### **Signatures**

/s/Jessica Edgar, Attorney-in-Fact	02/09/2015		
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.