FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

Common

Stock

\$0(5)

6,000

6,000

D

<u>(4)</u>

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 Typ	pe Response	s)												
Name and Address of Reporting Person MARIO ERNEST			Symbol	Tonix Pharmaceuticals Holding Corp.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title Other (specify below)						
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVENUE, SUITE 306			S (Month/Day/Y	3. Date of Earliest Transaction (Month/Day/Year) 02/25/2015										
(Street) NEW YORK, NY 10022				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)	(Stat	e) (Zip)	Table I - N	Non-Deriva	tive	Securities A	Acquired, D	isposed of, or	Beneficially	y Owned				
1.Title of Se (Instr. 3)	Da	te E Ionth/Day/Year) a	execution Date, if	3. Transaction Code (Instr. 8)	Ac Di (Ir	Securities equired (A) of sposed of (D str. 3, 4 and (A) or mount (D)	or Securi b) Benef 5) Follow Transa (Instr.	nount of ities icially Owned wing Reported action(s) 3 and 4)	6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)	Benefi Owner	rect cial ship			
directly or in	ndirectly.		erivative Securities	in re c s Acquired,	nfor equ urre	mation con ired to resp ently valid (sposed of, or	ntained in to cond unles OMB contr Beneficiall	he collection his form are as the form d rol number.	not	SEC (9	1474 0-02)			
	L		g., puts, calls, war		ons,				I				Lo	
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	(Month/Day/Year)	3A. Deemed Execution Date, ir) any (Month/Day/Ye	Code			Expiration I	Date Exercisable and piration Date (onth/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 Ownershi (Instr. 4)
				Code	v	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$ 5.95	02/25/2015		A		5,000	<u>(1)</u>	02/25/2025	Common Stock	5,000	\$ 0 (2)	5,000	D	

<u>(4)</u>

Reporting Owners

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

A

6,000

Signatures

Restricted

Stock

Unit

/s/Jessica Edgar, Attorney-in-Fact	02/27/2015			
Signature of Reporting Person	Date			

02/25/2015

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.
- (3) Each restricted stock unit represents the right to receive, at settlement, one share of common stock.
- (4) These restricted stock units are scheduled to vest 100% on February 25, 2016.
- (5) The restricted stock units were 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.