# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
nours per respon	se 0.5				

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

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

(Fillit of Ty	pe Response	:8)												
1. Name and Address of Reporting Person * MARIO ERNEST				2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVENUE, SUITE 306				3. Date of Earliest Transaction (Month/Day/Year) 07/17/2015							r (give title belo	w)	Other (specify	below)
(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 PersonForm filed by More than One Reporting Person						
(City	)	(State)	(Zip)	Tab	le I - No	n-Deri	vative S	ecurities A	Acqui	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		(A) or (D)	Disposed (3, 4 and 5)	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form: I Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	· V	Amour	(A) or (D)	Price				(I) (Instr. 4)	(111311. 4)
Common value	Stock, \$0.	001 par	07/17/2015		P		25,000	0 A	\$ 7.5	225,472			D	
Reminder: indirectly.	Report on a	separate line	for each class of secu	rities beneficially o	wned di	Pers cont	ons wh	n this for	m ar	e not req	ection of in	spond un	less	EC 1474 (9- 02)
			(e	erivative Securitie	rrants, o	red, Di ptions,	sposed o	of, or Ben	eficial		1			
Security	Conversion	3. Transactic Date (Month/Day	Execution Day (Year) any	te, if Transaction Code (Instr. 8)		and (Mo	and Expiration Date (Month/Day/Year)		Ame Und Secu	itle and ount of lerlying urities tr. 3 and	Derivative D Security (Instr. 5) Bo O Fo Rentration	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)
				Code V	(A) (E		e rcisable	Expiration Date	1 Title	Amount or Number of Shares				

### **Reporting Owners**

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

### **Signatures**

/s/Leland Gershell, Attorney-in-Fact	07/17/2015
**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.

