# FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
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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

(Print or Ty	pe Kesponse	S)																
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)							
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVENUE, SUITE 306					3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015								X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Street)				4. If	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					
	RK, NY 1													roilli ille	d by More than	One Reporting I	reison	
(City)	)	(State)		(Zip)		,	Tal	ble I - Non	-Der	ivative S	ecurit	ies Acq	uir	ed, Dispo	osed of, or l	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)		any	tion Date, if	3. Transac Code (Instr. 8)	tion	n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form:	7. Nature of Indirect Beneficial		
					(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price		(Instr. 3 a	anu +)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common value	Stock, \$0.	001 par	08/17	/2015				P		15,000	A	\$ 6.934 (1)	.5	240,472			D	
Reminder: indirectly.	Report on a	separate line	for each	ı class of secu	ırities	beneficial	lly (	owned dire	ctly o	or								
									con	tained i	n this	form a	are	not req	uired to re	formation spond unl itrol numb	ess	EC 1474 (9- 02)
				Table II - I				es Acquire		•			•	y Owned				
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day		3A. Deemed Execution Da any (Month/Day/	·	4. Transaction Code (Instr. 8)		of	and	ate Exercisable Expiration Date inth/Day/Year)		te A U Se	mou nde ecur nstr		9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Ownershi (Instr. 4) D)	
						Code	V	(A) (D)	Dat Exe	e ercisable	Expira Date	ntion Ti		Amount or Number of Shares				
Repor	ting O	wners																

	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	08/17/2015
**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).
- The common stock was purchased by the reporting person in open market transactions on the transaction date, with a volume weighted average purchase price of (1) \$6.93448. The range of purchase prices on the transaction date was \$6.87 to \$6.95 per share. The reporting person undertakes to provide, upon request by the SEC staff,

the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each price.

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.