FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
nours per response					

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 Response	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) X Director 10% Owner				
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP., 509 MADISON AVENUE, SUITE 306				08/2	3. Date of Earliest Transaction (Month/Day/Year) 08/20/2015)	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				
NEW YORK, NY 10022 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
(Instr. 3)			2. Transaction Date (Month/Day/Ye	Exect ar) any	Deemed attion Date, if	if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned F Reported Transaction		Following (n(s)	Ownership Form:	7. Nature of Indirect Beneficial	
			(Mon	(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			· /	Ownership (Instr. 4)	
Common value	Stock, \$0.	001 par	08/20/2015				P		6,000	A	\$ 6.6445 (1)	246,472	2		D	
Reminder: I indirectly.	Report on a s	separate line	for each class of	securities	beneficial	ly o	wned dire	Per	sons wh					formation		C 1474 (9- 02)
			Table I		ative Secur			ed, E)isposed	of, or E	Benefici	ally Owned		ntrol numb	er.	
Security (Instr. 3)	Conversion	3. Transactic Date (Month/Day	Year) Execution any	Date, if	Code (Instr. 8)		of	and e (M	and Expiration Date (Month/Day/Year) S		e An Un Se		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	(Instr. 4)
					Code '	V	(A) (D)		te ercisable	Expira Date	tion Tit	Amount or le 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	08/20/2015
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) \$6.644528. The range of purchase prices on the transaction date was \$6.615 to \$6.656 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.