FORM 4

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

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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 Response	es)												
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) 08/24/2015				Office	er (give title belo	ow)	Other (specify	pelow)		
(Street) NEW YORK, NY 10022			4. If Amendment, Date Original Filed(Month/Day/Year)				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 - Non-Derivative Securities Acqui					ired, Disp	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	Reported Transaction(s)		Ily Owned Following Transaction(s) Ind 4) Owners Form: Direct (Ownership	7. Nature of Indirect Beneficial Ownership
					Code	e V	Amou	(A) or (D)	Price				(I) (Instr. 4)	(msu. 1)
Common Stock, \$0.001 par value 08/24/2		08/24/2015		P		2,532	A	\$ 6.2	249,004			D		
Reminder: indirectly.	Report on a	separate line fo	or each class of secu	rities beneficially o	wned di	Pers	sons wh	n this fo	rm aı	e not req	ection of ir juired to re	spond un	less	EC 1474 (9- 02)
				erivative Securitions.g., puts, calls, wa		red, D	Disposed	of, or Bei	neficia	ılly Owned				
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	Year) Execution Da	te, if Transaction Code ('ear) (Instr. 8)		oer 6. Date Exercisable and Expiration Date we (Month/Day/Year) es d (I		Am Une Sec	curities (Instr. 5) B C F R T			Owners Form of Derivat Security Direct (or Indir	Ownersh (Instr. 4) (D) irect	
				Code V	(A) (D		te ercisable	Expiratio Date	n Titl	or Number of Shares				

Reporting Owners

Powert's Comment (Address	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	08/25/2015
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.

