FORM 4	4
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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).

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

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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 Type Responses)											
1. Name and Address of Reporting Person - 2. Issuer Name and Tonix Pharmaceut MARIO ERNEST 2. Issuer Name and Tonix Pharmaceut								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner			
(Last) (First) C/O TONIX PHARMACEUTIC HOLDING CORP., 509 MADIS SUITE 306		3. Date of Earliest Transaction (Month/Day/Year) 08/26/2015						Officer (give title below) 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 Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Tab	le I - Non-l	Deri	vative Se	red, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		(A) or Disposed of (D)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$0.001 par value	08/26/2015		Р		10,000	A	\$ 6.05	260,472	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5	. Nurr	nber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n o	f		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D)eriva	tive	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecurit	ies			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				А	cquir	ed			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(/	A) or				4)			Following	Direct (D)	
					D	lispos	ed						Reported	or Indirect	
					0	f (D)							Transaction(s)	(I)	
						nstr. ((Instr. 4)	(Instr. 4)	
					4	, and :	5)								
											Amount				
								Date	Expiration		or				
								Date Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code V	/ (A) ((D)				Shares				

Reporting Owners

Describer Ocean News (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	Х						

Signatures

/s/ Jessica Edgar, Attorney-in-Fact	08/27/2015
-**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.