FORM 4

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

OMB APPR	OVAL					
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hours per response						

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 * SULLIVAN GREGORY M					2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]								5. Re	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Medical Officer						
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDINGS CORP, 509 MADISON AVE., SUITE 306					3. Date of Earliest Transaction (Month/Day/Year) 09/28/2015								X							
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)							ear)	_X_ F	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							Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
(City)	(State)	,	(Zip)		Ta	ble I	- Non	-Deri	vative S	Securit	ies Ac	quired,	Dispos	ed of, or I	Beneficially	Owned			
1.Title of Security (Instr. 3)			Date	te E	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D) Ber Rep	neficiall	t of Securities ly Owned Following Fransaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
					(Month/Da	y/ 1 car		ode	V	(A) or Amount (D)		Pric	Ì		ше т)		or Indirect (I) (Instr. 4)			
Common Stock, \$0.001 par value		09/28/	/28/2015]	Р	4,694		A	\$ 5.949 (1)	91 11,	925	5		D				
Reminder: indirectly.	Report on a	separate line	for each	class of secu	urities bene	ficially	owne		Pers	ons wh						formation		EC 1474 (9-		
																spond un itrol numb		02)		
1. Title of	2	3. Transaction	on 3	Table II - I	Derivative e.g., puts, o		arran	ts, op	tions,	•	tible s	ecuriti			Price of	9. Number	of 10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date	//Year) E	Execution Da	ate, if Tran		of		and i	Expirati	Extension piration Date /Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)			Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	hip of Indirect Beneficial Ownership (Instr. 4)		
					Со	de V	(A)	(D)	Date Exer	e rcisable	Expira Date	ation 7	or Γitle Nu of	mber						
Repor	ting O	wners																<u>.</u>		
]	Relation	ships									
Reporting Owner Name / Address						Direc	ctor	10% (wner	Officer			Other							
SULLIVAN GREGORY M C/O TONIX PHARMACEUTICALS HOLDINGS CORP 509 MADISON AVE., SUITE 306 NEW YORK, NY 10022								Chief Medical Off				Officer								

Signature of Reporting Person

Explanation of Responses:

/s/ Leland Gershell, Attorney-in-Fact

Signatures

- * 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).

09/28/2015

- 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 \$5.9491.
- (1) The range of purchase prices on the transaction date was \$5.89 to \$6.00 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.