FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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nours per response	0.5

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 Typ	e Responses	7													
1. Name and Address of Reporting Person * DAVIDSON STUART			2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]					P1	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		S HOLDING	3. Date of Earliest Transaction (Month/Day/Year) 05/27/2016					_	Officer (give title below) Other (specify below)				v)		
(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				ine)	
(City)		(State)	(Zip)		1	Table I	[- No	n-Derivati	ve Securiti	es Acquire	d, Dispose	d of, or Be	neficially Ow	ned	
1.Title of Security (Instr. 3)					ate, i	if Cod (Inst			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		eneficially eported Tra	Owned Foll insaction(s)	I	Ownership orm:	eneficial
				(Month/Day	/Yeaı		ode	V Am	(A) or	((Instr. 3 and 4) Direct (D) Owr or Indirect (Instr. 4)		Ownership Instr. 4)		
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								containe	d in this fo	orm are n	ot require		ond unless	the	. (. ,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date,	Code	tion S	varran 5. Num of Derivat Securit Acquire (A) or Dispose	ts, or ber ive ies ed	containe form disp red, Disposo	d in this foolays a cu ed of, or Be ertible securisable ion Date	orm are n rrently va	ot require dilid OMB of Owned	ed to respondent of the second	9. Number o Derivative Securities Beneficially Owned Following Reported	To 10. Ownersh: Form of Derivativ Security: Direct (Dor Indirect	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)
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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DAVIDSON STUART C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	X					

Signatures

/s/Jessica Morris, Attorney-in-Fact	05/31/2016
**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).
- (1) Each restricted stock unit represents the right to receive, at settlement, one share of common stock.
- (2) These restricted stock units are scheduled to vest 100% on May 27, 2017.
- (3) The restricted stock units were granted pursuant to the Issuer's 2016 Stock Incentive Plan.

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.