FORM 4

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

OMB APPROVAL							
DMB Number:	3235-0287						
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nours per respon	se 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 Ty	pe Kesponse	es)																	
1. Name and Address of Reporting Person * SULLIVAN GREGORY M					2. Issuer Name and Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDINGS CORP, 509 MADISON AVE., SUITE 306					3. Date of Earliest Transaction (Month/Day/Year) 06/03/2016								X Officer (give title below) Other (specify below) Chief Medical Officer						
(Street) NEW YORK, NY 10022				4. If Ame	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)	Table I - Non-Derivative Securities Acquired, Disposed of,								sed of, or	Beneficially	Owned					
(Instr. 3) Da		2. Transaction Date (Month/Day/Year	Execution any	L 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) (A) or		d of (D) 5)	D) Beneficial Reported (Instr. 3 and		nt of Securities ally Owned Following I Transaction(s) and 4)		Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common value	Stock, \$0.	001 par	06/03/2016				ode P		Amount 20,000		Price \$ 2.4958 (1)		,185			(Instr. 4) D			
indirectly.	Ia	р т		- Derivative (e.g., puts, o		arran	equire ts, op	conta the fo ed, Dis tions,	ained in orm dis sposed of conver	n this splays of, or I tible so	form as a curi Benefici	re not ently ally O	t requ valid wned	ired to re OMB cor	nformation espond un ntrol numb	less er.	EC 1474 (9- 02)		
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day	Execution any	d 4. Date, if Trai Cod y/Year) (Ins	e	n of		and l	ate Exercisable Expiration Data nth/Day/Year)		e Ar Ur Se	Title a mount of iderlying curities astr. 3 a	of Ing	Derivative	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivati Security Direct (l or Indire	Ownersl (Instr. 4) ect		
				Co	de V	(A)	(A) (D)		cisable	Expira Date	tion Ti	or Nu of	mber ares						
Repoi	ting O	wners																	
								I	Relation	ships									
Reporting Owner Name / Address			Direc	ctor 1	10% C	Owner	Officer				Othe	r							
SULLIVAN GREGORY M C/O TONIX PHARMACEUTICALS HOLDINGS CORP 509 MADISON AVE., SUITE 306 NEW YORK, NY 10022							Chie	f Med	lical O	fficer									

Signatures

/s/ Jessica Morris, Attorney-in-Fact	06/03/2016
**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).
- 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) \$2.495815. The range of purchase prices on the transaction date was \$2.48 to \$2.52 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.