FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
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 Type Re	sponses	5)															
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) 06/21/2016									er (give title belo	ow)	Other (specify	below)
(Street) NEW YORK, NY 10022				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)		(State)	(Zip)		Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Exec	Deemed ecution Date, if onth/Day/Year)		Code (Instr. 8)		ction	4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		of	Beneficia	ed Transaction(s)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
							С	ode	V	Amour	(A) or (D)	Price	ice			(I) (Instr. 4)	(4.0.0.1.1)
Common Stock value	k, \$0.0	01 par	06/21/2016					P		50,000	0 A	\$ 2	430,724			D	
Reminder: Repor indirectly.	t on a se	eparate line f	or each class of sec	urities	benefici	ally o	owned		Perso conta	ons wh	n this for	rm are	e not req	ection of ir juired to re d OMB cor	espond un	less	EC 1474 (9- 02)
					uts, calls		rrant	s, opt	ions,	conver	tible secu	rities)		T.			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transactio Date (Month/Day/	Execution Day	4. Transaction Code Year) (Instr. 8)					r 6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of erlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o y Derivat Security Direct (or Indir	f Benefici Ownersh y: (Instr. 4) ect	
					Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

Proventing Comment Name / Addition	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 Morris, Attorney-in-Fact	06/21/2016
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).

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.

