FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respons	e 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 Res	sponses)															
1. Name and Address of Reporting Person * Saks Samuel R					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				06/	3. Date of Earliest Transaction (Month/Day/Year) 06/21/2016							•		er (give title belo	ow)	Other (specify	pelow)
NEW YORK, NY 10022				4. Ii	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							Acqui	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Y	Exe (ear) any	2A. Deemed Execution Date, is any (Month/Day/Year		Code (Instr. 8)		ction	4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		Beneficia Reported		ially Owned Following d Transaction(s)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
							Co	ode	V	Amour	(A) or (D)	Price	e		(I) (Instr. 4)		(mour r)
Common Stock value	k, \$0.0	01 par	06/21/2016					P		25,000	0 A	\$ 2	63,550		D		
Reminder: Report indirectly.	t on a se	eparate line f	or each class of	securities	s benefici	ally o	owned		Perso conta	ons wh	n this for	m are	not req	ection of ir uired to red OMB cor	espond un	less	EC 1474 (9- 02)
			1	(e.g.,]	puts, calls	s, wa	rrant	s, opt	ions,	conver	of, or Ben tible secu	rities)					
Security or Exercise (Month/Day/Year) any		on Date, if	4. 5. Numb Code Derivativ (Instr. 8) Securitie Acquirec (A) or Disposec of (D) (Instr. 3, 4, and 5)		rative rities ired rosed) . 3,	and Expiration Date e (Month/Day/Year)			Amo Und Secu	itle and bunt of erlying urities rr. 3 and	8. Price of Derivative Security (Instr. 5)		Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)			
					Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

Post of the Owner Marrie (Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Saks Samuel R 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.

