Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response..

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	<i></i>												
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 HOLDING CORP., 509 MADISON AVENUE, SUITE 306			S HOLDING	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017					X					
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	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 Acqu					s Acquired,	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	(Instr. 3) Date			any	eemed 3. Tran Code (Instr. 8		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Follow		,		wnership of orm: Be	. Nature of Indirect Beneficial Ownership
				(WOHUL) L	Jay/ I Ca	Coo	le V A	(A) or (D)	Price	isti. 3 aliu 4)		OI (I	Indirect (In	
Reminder:							contain	s who responed in this for	m are not	required	d to respo	nd unless th	SEC 147	74 (9-02)
Reminder:			Table II - I	Derivativo	e Secur	ties Aca	contain form di	ed in this for splays a curr	m are not ently valid	required d OMB co	d to respo	nd unless th		74 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	tion of De Ac (A Dis (D) (In	varrants Number rivative curities quired or sposed of str. 3, 4,	contain form di mired, Dispo options, co 6. Date Ex. Expiration (Month/Da	ed in this for splays a curr sed of, or Ben nvertible secur ercisable and Date	m are not ently valid eficially Ov	required d OMB co vned d f	d to respo ontrol nur 8. Price of	nd unless th	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	tion of Dee See Ace (A Discourse of Dee (In and	varrants Number rivative curities quired or sposed of	contain form di uired, Dispo options, co of the Expiration (Month/Da	ed in this for splays a curi sed of, or Ben nvertible secul ercisable and Date y/Year)	rm are not rently valid eficially Overities) 7. Title and Amount of Underlying Securities	required d OMB co vned d f	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	e.g., puts, 4. Transact Code (Instr. 8)	tion of De Acc (A Dis (D (In and	Number rivative curities quired or sprosed of str. 3, 4,	contain form di uired, Dispo options, co of the Expiration (Month/Da	ed in this for splays a curi sed of, or Ben nvertible secul ercisable and Date y/Year)	rm are not rently valid efficially Overities) 7. Title and Amount of Underlying Securities (Instr. 3 ar	required OMB co	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

	Reporting Owner Name / Address		Relationships				
			10% Owner	Officer	Other		
C/O 509 I	LIVAN GREGORY M TONIX PHARMACEUTICALS HOLDING CORP. MADISON AVENUE, SUITE 306 V YORK, NY 10022			Chief Medical Officer			

Signatures

/s/Jessica Morris, Attorney-in-Fact	03/01/2017
**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) The option vests 1/3rd on the first anniversary of issuance and 1/36th each month thereafter for 24 months.
- (2) The option was granted pursuant to the Issuer's 2016 Stock Incentive Plan.
- (3) The option vests 50% if the Issuer achieves enrollment of 250 patients in its HONOR study by December 31, 2017, with the remaining 50% vesting 1% for each patient that is enrolled in the HONOR study by December 31, 2017 in excess of 250, subject to a one year minimum service period prior to vesting.

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.

