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(Brint or Type Been

-
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 hours per response... 0.5

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

(Time of Type Response	(0)												
1. Name and Address of GRACE PATRICK	2. Issuer Name an Tonix Pharmaceu			· ·		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) C/O TONIX PHAR CORP., 509 MADI		S HOLDING	3. Date of Earliest T 06/20/2017	ransaction (Mon	h/Day/Ye	ear)	Officer (give title below) Officer (give title below)	her (specify belo	ow)			
(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				
(City)	(State)	(Zip)	T	able I - Nor	1-Dei	ivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned			
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ties Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature		
(Instr. 3) Date			Execution Date, if	Date, if Code		(A) or Disposed of (D)		of (D)	Owned Following Reported	Ownership	of Indirect		
		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial		
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership		
										or Indirect	(Instr. 4)		
							(A) or			(I)			
				Code	V	Amount	(D)	Price		(Instr. 4)			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 Persons who respond to the collection of information
 SEC 1474 (9-02)

 contained in this form are not required to respond unless the form displays a currently valid OMB control number.
 SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title o	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivativ	e Conversion	Date	Execution Date, if	Transaction of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect		
Security		(Month/Day/Year)		Code Derivative		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	· /				Securities		` /	2		Ownership		
	Derivative			Acquired				(Instr. 3 and 4)					(Instr. 4)		
	Security			(A) or							0	Direct (D)			
				Disposed of							Reported Transaction(s)	or Indirect			
				(D) (Instr. 3, 4,							· · · · · · · · · · · · · · · · · · ·	(1) (Instr. 4)			
				(insu: 5, 1, and 5)							(msu. i)	(IIISU: I)			
						,	1				Amount				
								D .			or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock	0.4.10	0.(10010017				20.000		0.6/20/2010	0.000	Common Stock	20.000	(1)	20.000	D	
Option	\$ 4.18	06/20/2017		А		20,000		06/20/2018	06/20/2027	Stock	20,000	\$ 0 (1)	20,000	D	

Reporting Owners

Demosting Ormers Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GRACE PATRICK P C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	Х						

Signatures

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 was granted pursuant to the Issuer's 2017 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.