FORM 4

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

SION

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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 Responses) 1. Name and Address of Reporting Person * Rhodes John B		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 (Street) NEW YORK, NY 10022			Date of Earliest Transaction (Month/Day/Year) 06/20/2017 If Amendment, Date Original Filed(Month/Day/Year)					Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
							X F)		
	(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of S (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date any (Month/Day/Ye			8) (A) (Ins	Gecurities Acque or Disposed of Str. 3, 4 and 5) (A) or nount (D)	f (D) Owne Trans	D) Owned Follow Transaction(s) (Instr. 3 and 4)		eneficially 6. d Ov Fo Di or (I)	wnership of Be rect (D) Ov Indirect (Ir	neficial vnership	
Reminder:	Report on a	separate interest						who respond						74 (9-02)
Reminder:	Report on a	ospanae me 10. eae					containe form dis	who respond d in this form plays a curre ed of, or Benef vertible securi	n are not r ently valid ficially Own	equired OMB co	to respon	d unless the		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	3A. Deemed Execution Date, if	4. Transact	5. Num of Deriva	rants, nber tive ties red	containe form dis	d in this form plays a curre ed of, or Benef vertible securi cisable and ate	n are not r ently valid ficially Own	required OMB co	to respond ontrol num	d unless the	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersk (Instr. 4)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transact	5. Nun 5. Nun 100 100 100 100 100 100 100 100 100 10	rants, nber tive ties red	containe form disparations, Conv 6. Date Exerc Expiration Da	d in this form plays a curre ed of, or Benef vertible securi cisable and ate	n are not rently valid ficially Own ties) 7. Title and Amount of Underlying Securities	required OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersl (Instr. 4)

Demontos Como en Norma / Adduses		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Rhodes John B C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	X					

Signatures

/s/ Jessica Morris, Attorney-in-Fact	06/21/2017	
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 was granted pursuant to the Issuer's 2017 Stock Incentive Plan.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see} \ Instruction 6 \ for procedure.$

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.