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

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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

Name and Address of Reporting Person — MATHER CHARLES E IV				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					
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP, 509 MADISON AVE., SUITE 306				3. Date of Earliest Transaction (Month/Day/Year) 06/20/2017					Officer (give	e title below)	Other	(specify below)		
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)				_X_ F	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)		Т	able I -	- Non-Derivat	tive Securities	Acquired,	Disposed	of, or Bene	eficially Owne	e d	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, if Day/Year)	Code (Instr.	8) (A) (In:	Securities Acqu o or Disposed o str. 3, 4 and 5) (A) or nount (D)	f (D) Owne Trans			ed OF6	wnership orm: Be irect (D) Ov Indirect (In	eneficial wnership
Reminder:	report on a	•						who respon						74 (9-02)
Reminder:	Topon on u						containe form dis	who respond d in this form plays a curred ed of, or Benef vertible securi	n are not rently valid	equired OMB co	to respon	d unless the		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Nuition of Deriv Secur Acqui (A) or	mber ative ities red sed of 3, 4,	containe form dis	ed in this form plays a curre ed of, or Bener vertible securi cisable and ate	n are not rently valid	equired 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	Date	3A. Deemed Execution Date, if any	4. Transact	s, calls, wa tion of Deriv Secur Acqui (A) or Dispo (D) (Instr.	mber ative ities red sed of 3, 4,	containe form dis uired, Dispose options, con 6. Date Exerc Expiration Da	ed in this form plays a curre ed of, or Bener vertible securi cisable and ate	n are not rently valid ficially Ownties) 7. Title and Amount of Underlying Securities	equired 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 Ownersk (Instr. 4)

Donation Commun Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MATHER CHARLES E IV C/O TONIX PHARMACEUTICALS HOLDING CORP 509 MADISON AVE., 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, 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.