## FORM 4

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

OMB APPRO	VAL				
OMB Number:	3235-0287				
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nours per response	. 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 Ty	pe Response	es)															
1. Name and Address of Reporting Person *- GRANGE DAVID L				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				3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018									ve title below)		er (specify below)		
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City	y)	(State)	(Zip)			Tal	ole I	- Non-Deriv	ative Secu	ırities A	Acquired,	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	nstr. 3) Date (Month/Day/Year) a		Execution Date, if any (Inst (Month/Day/Year)			. 8)	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D)		of (D) Owned Follow		ving Report	ed I	Ownership of	eneficial wnership			
								contai	ned in thi splays a osed of, or	s form curre	n are not ntly valid icially Ow	required OMB co	n of inform I to respor ontrol num	nd unless tl		74 (9-02)	
	Conversion	(Month/Day/Year)	3A. Deemed Execution Date, if	4. if Transaction Code		5. Number			exercisable and on Date		7. Title and Amount of Underlying Securities (Instr. 3 an	f g	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expirat Date	ion 7	Γitle	Amount or Number of Shares					
Stock Option	\$ 3.40	02/13/2018		A		7,000		02/13/201	9 02/12/	2028	Common Stock	7,000	\$ 0 <u>(1)</u>	7,000	D		

#### **Reporting Owners**

D (1 0 N / 11)	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
GRANGE DAVID L C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022	X						

#### **Signatures**

/s/ Jessica Morris, Attorney-in-Fact	02/15/2018
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.

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

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.