# FORM 3

(Print or Type Responses)

1. Name and Address of Reporting

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL			
OMB	3235-		
Number:	0104		
Estimated averag	e		
burden hours per			
response	0.5		

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Person * GRANGE DAVID L	(Mon	(Month/Day/Year)			Tonix Pharmaceuticals Holding Corp. [TNXP]				
509 MADISON AVE SUI 306	iddle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date Original Filed(Month/Day/Year)	
NEW YORK, NY 10022						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)	Tab	le I - Non-	Derivati	ive Securit	ies Be	neficially (	Owned	
1.Title of Security (Instr. 4)			ficially Owr				ature of Indirect Beneficial nership tr. 5)		
	ho respond ed to respon	to the collect d unless the	ction of inf e form disp	ormation plays a c	n contained urrently va	I in this	s form are B control	SEC 1473 (7-02)	
1. Title of Derivative Security (Instr. 4) Ex (Mo		e Exercisable and tion Date Soay/Year) 3		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		rsion creise	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount of Number of Shares	or Securi	Security I	Security: Direct (D) or Indirect (I) (Instr. 5)		

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GRANGE DAVID L						
509 MADISON AVE SUITE 306	X					
NEW YORK, NY 10022						

## **Signatures**

Jessica Morris, Attorney-in-Fact	02/21/2018
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.