FORM 4

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

OMB APP	ROVAL				
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 0.5				

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 * 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 10% Owner						
(Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP, 509 MADISON AVE., SUITE 306				3. Date of Earliest Transaction (Month/Day/Year) 02/27/2018								er (give title belo	ow)	Other (specify	pelow)	
(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	7)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if Code (Instr. (Month/Day/Year)			(Instr. 3, 4 a		Disposed 3, 4 and 5 (A) or	Beneficia Reported (Instr. 3 a		ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common value	Stock, \$0.	001 par	02/27/2018				M		750 C	l) A	\$ 0	12,580			D	
Reminder: indirectly.	Report on a	separate line fo	or each class of secu Table II - L					Pers cont the f	sons wl tained i form di	n this fo splays a	rm ar curre	e not req	uired to re d OMB co	nformation espond un ntrol numb	ess	EC 1474 (9- 02)
	•					varra	nts, op	tions	, conver	tible secu						
	Security or Exercise (Month/Day/Year) any		te, if T	f Transaction of Code Derivative		and Expiration Date (Month/Day/Year)			Am Uno Sec	Fitle and abount of derlying purities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficial Ownership (Instr. 4)		
					Code \	/ (A) (D)	Date Exe	e rcisable	Expiratio Date	n Titl	Amount or Number of Shares				

Reporting Owners

Posterior Community (Addition	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
MATHER CHARLES E IV C/O TONIX PHARMACEUTICALS HOLDING CORP 509 MADISON AVE., SUITE 306 NEW YORK, NY 10022	х					

Signatures

/s/ Jessica Morris, Attorney-in-Fact	02/28/2018
**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) These shares were acquired upon the vesting and settlement of certain restricted stock units.

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 nu	mber.