

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2013-01-14** | Period of Report: **2013-01-14**  
SEC Accession No. [0001144204-13-002099](#)

(HTML Version on [secdatabase.com](#))

### ISSUER

#### **Tonix Pharmaceuticals Holding Corp.**

CIK: [1430306](#) | IRS No.: **261434750** | State of Incorporation: **NV** | Fiscal Year End: **1231**  
SIC: **1000** Metal mining

Mailing Address	Business Address
509 MADISON AVE. - SUITE 306 NEW YORK NY 10022	509 MADISON AVE. - SUITE 306 NEW YORK NY 10022 1-800-849-7894

### REPORTING OWNER

#### **LEDERMAN & CO., LLC**

CIK: [1563416](#) | State of Incorporation: **DE** | Fiscal Year End: **1231**  
Type: **3** | Act: **34** | File No.: [000-54879](#) | Film No.: **13527140**

Mailing Address	Business Address
245 E 93RD STREET STE 14E NEW YORK NY 10128	245 E 93RD STREET STE 14E NEW YORK NY 10128 212 980 9155

# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

<b>1. Name and Address of Reporting Person</b> <u>LEDERMAN &amp; CO., LLC</u>  (Last) (First) (Middle)  C/O LEDERMAN & CO., LLC, 245 E. 93RD. STREET 14E  (Street)  NEW YORK, NY 10128  (City) (State) (Zip)	<b>2. Date of Event Requiring Statement (Month/Day/Year)</b> 01/14/2013	<b>3. Issuer Name and Ticker or Trading Symbol</b> <u>Tonix Pharmaceuticals Holding Corp. [TNXP]</u>	
		<b>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</b> _____ Director <input checked="" type="checkbox"/> 10% Owner _____ Officer (give title below) _____ Other (specify below)	<b>5. If Amendment, Date Original Filed (Month/Day/Year)</b>   <b>6. Individual or Joint/Group Filing (Check applicable line)</b> <input checked="" type="checkbox"/> Form Filed by One Reporting Person _____ Form Filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, Par Value \$0.001	3,692,558	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrants	01/20/2012	01/20/2017	Common Stock	90,000	\$1.25	D	
Warrants	12/04/2012	12/04/2017	Common Stock	1,000,000	\$0.6	D	
Warrants	12/04/2012	12/04/2013	Common Stock	1,000,000	\$0.4	D	

#### Signatures

/s/ Seth Lederman, Authorized Signatory for Lederman & Co., LLC

\*\* Signature of Reporting Person

01/14/2013

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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).

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

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**