

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2013-01-14** | Period of Report: **2013-01-14**  
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### REPORTING OWNER

#### **DAVIDSON STUART**

CIK: **1564298**

Type: **3** | Act: **34** | File No.: **000-54879** | Film No.: **13527149**

Mailing Address  
C/O TONIX  
PHARMACEUTICALS  
HOLDING CORP  
509 MADISON AVENUE, STE  
306  
NEW YORK NY 10022

### ISSUER

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

CIK: **1430306** | IRS No.: **261434750** | State of Incorp.: **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

# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
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### 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>DAVIDSON STUART</u> (Last) (First) (Middle) C/O TONIX PHARMACEUTICALS HOLDING CORP, 509 MADISON AVENUE, STE 306 (Street) NEW YORK, NY 10022 (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> <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> 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 <input type="checkbox"/> 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	1,324,049	I	Lysander, LLC <sup>(1)</sup>
Common Stock, Par Value \$0.001	130,906	I	Oystercatcher Trust <sup>(1)</sup>

**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	50,000	\$1.25	I	Lysander, LLC <sup>(1)</sup>
Warrants	12/04/2012	12/04/2017	Common Stock	166,667	\$0.6	I	Lysander, LLC <sup>(1)</sup>
Warrants	12/04/2012	12/04/2013	Common Stock	166,667	\$0.4	I	Lysander, LLC <sup>(1)</sup>

**Explanation of Responses:**

- 1. Reporting person may be deemed to be a control person of this entity.

## Signatures

/s/ Stuart Davidson

\*\* 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.**