Instruction 1(b).

FORM 4

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

Washington, D.C. 20549

	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
Section 16. Form 4 or Form 5 obligations may continue. See		
obligatione may continue.		

OMB APPROVAL OMB Number: Estimated average 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

1. Name and Address of Reporting Person*  MUSING JULES A.					2. Issuer Name <b>and</b> Ticker or Trading Symbol TherapeuticsMD, Inc. [ TXMD ]								eck all app	licable) tor	ng Pers	son(s) to Issu	ner	
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 12/21/2016								Offici belov	er (give title		Other (s below)	pecify	
(Street)	ATON F	L	33487		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	5. Individual or Joint/Group Filing (Check Applicable .ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(:		(Zip)	D i		- 0-							6: -: -1		-1			
		ıan	le I - Non	-Deriv	ative	e Se	curities	AC	quirea, D	usp	osea o	f, or Bei	neficial	y Owne	a			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a		Benefi	ies cially Following	Form (D) o	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	′	Amount	(A) or (D)	Price	Transa	ction(s) 3 and 4)					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
		Transaction Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$5.68	12/21/2016			A		25,000		12/21/2017	1	2/20/2026	Common Stock	25,000	\$0	25,00	10	D	

**Explanation of Responses:** 

/s/ Jules A. Musing

12/22/2016

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).