FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	VAL					
OMB Number:	3235-0287					
Estimated average burden						
hours per response:	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Krassan Mitchell</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol TherapeuticsMD, Inc. [ TXMD ]					(Che	5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Own  Officer (give title Other (sp					
(Last) (First) (Middle) 6800 BROKEN SOUND PARKWAY NW				3. Date of Earliest Transaction (Month/Day/Year) 12/17/2015				X	below)	, Chief Strate	below)	Scony			
3RD FLOOR				4	If Amendment, Date of Original Filed (Month/Day/Year)				6. Inc	6. Individual or Joint/Group Filing (Check Applicable					
(Street) BOCA RATON FL 33487				4. In vitil citation, Saco of Original Fleet (Month Say) Total				Line)	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting						
(City)	(	State)	(Zip)									Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)			e	Execution Date,		Code (Instr.			Beneficial Owned Fo	Form ly (D) or	n: Direct II r Indirect E str. 4) C	7. Nature of ndirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar		"	nstr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Derivative Code (Instr. Securities		re s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Non- Qualified Stock Option (right to buy)	\$8.92	12/17/2015		A		150,000		01/17/2016 <sup>(1)</sup>	12/17/2025	Common Stock	150,000	\$0	150,000	D	

## **Explanation of Responses:**

1. The option vests in equal monthly installments over 12 months.

/s/ Mitchell Krassan

12/21/2015

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.