The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-Number: 0076

Estimated average

burden

hours per response:

4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous
Names

None

Entity Type

0000025743 AMHN, Inc. X Corporation

Name of Issuer CROFF ENTERPRISES INC Limited Partnership

TherapeuticsMD, Inc. CROFF OIL CO Limited Liability Company

Jurisdiction of
Incorporation/OrganizationGeneral Partnership
Business TrustNEVADAOther (Specify)

Year of Incorporation/Organization

Over Five Years Ago

X Within Last Five Years (Specify Year) 2010

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

TherapeuticsMD, Inc.

Street Address 1 Street Address 2

951 BROKEN SOUND PARKWAY NW SUITE 320

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

BOCA RATON FLORIDA 33487 561-961-1911

3. Related Persons

Last Name First Name Middle Name

Finizio Robert G.

Street Address 1 Street Address 2

951 Broken Sound Parkway NW Suite 320

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Milligan IV John C.K.

Street Address 1 Street Address 2

951 Broken Sound Parkway NW Suite 320

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name Cartwright Daniel A. **Street Address 1 Street Address 2** 951 Broken Sound Parkway NW Suite 320 **State/Province/Country** ZIP/PostalCode City **FLORIDA Boca Raton** 33487 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Krassan Mitchell L. **Street Address 1 Street Address 2** 951 Broken Sound Parkway NW Suite 320 City State/Province/Country ZIP/PostalCode **Boca Raton FLORIDA** 33487 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Bernick, M.D. Brian **Street Address 1** Street Address 2 951 Broken Sound Parkway NW Suite 320 State/Province/Country ZIP/PostalCode City **FLORIDA Boca Raton** 33487 **Relationship:** X Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** G. Thompson Tommy **Street Address 1 Street Address 2** 951 Broken Sound Parkway NW Suite 320 City State/Province/Country ZIP/PostalCode **Boca Raton FLORIDA** 33487 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Greco Samuel A. **Street Address 1 Street Address 2** 951 Broken Sound Parkway NW Suite 320 ZIP/PostalCode City State/Province/Country **Boca Raton FLORIDA** 33487 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Collins Cooper C. **Street Address 1** Street Address 2 951 Broken Sound Parkway NW Suite 320 State/Province/Country ZIP/PostalCode City **Boca Raton FLORIDA** 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

LaPenta, Jr. Robert V.

Street Address 1 Street Address 2

951 Broken Sound Parkway NW Suite 320

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Segal Nicholas

Street Address 1 Street Address 2

951 Broken Sound Parkway NW Suite 320

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing

Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Technology
Insurance

Investing

Investment Banking

X Pharmaceuticals

Telecommunications

Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under the Investment Company

Real Estate Airports

Act of 1940? Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Hospitals & Physicians

Computers

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Other

Energy Other Real Estate

Environmental Services

Oil & Gas

Coal Mining

Electric Utilities

Energy Conservation

Other Energy

5. Issuer Size

Revenue Range OR Aggregate Net Asset Value Range

No Revenues No Aggregate Net Asset Value

\$1 - \$1,000,000 \$1 - \$5,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000

\$5,000,001 -\$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,001 -\$50,000,001 - \$100,000,000 \$100,000,000 Over \$100,000,000 Over \$100,000,000 X Decline to Disclose Decline to Disclose Not Applicable Not Applicable 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply) Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 505 Rule 504 (b)(1)(i) X Rule 506 Rule 504 (b)(1)(ii) Securities Act Section 4(5) Rule 504 (b)(1)(iii) Investment Company Act Section 3(c) Section 3(c)(1)Section 3(c)(9)Section 3(c)(2)Section 3(c)(10)Section 3(c)(3)Section 3(c)(11)Section 3(c)(4)Section 3(c)(12)Section 3(c)(5)Section 3(c)(13)Section 3(c)(6) Section 3(c)(14) Section 3(c)(7)7. Type of Filing X New Notice Date of First Sale 2012-09-26 First Sale Yet to Occur Amendment 8. Duration of Offering Does the Issuer intend this offering to last more than one year? Yes X No 9. Type(s) of Securities Offered (select all that apply) X Equity **Pooled Investment Fund Interests** Debt Tenant-in-Common Securities Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities Security to be Acquired Upon Exercise of Option, Warrant or Other (describe) Other Right to Acquire Security 10. Business Combination Transaction Is this offering being made in connection with a business combination transaction, such as Yes X No a merger, acquisition or exchange offer? Clarification of Response (if Necessary): 11. Minimum Investment Minimum investment accepted from any outside investor \$0 USD 12. Sales Compensation Recipient Recipient CRD Number None 2347 Jefferies & Company, Inc.

Street Address 1 Street Address 2

Number

None

(Associated) Broker or Dealer X None

None

(Associated) Broker or Dealer CRD

X None

520 Madison Avenue 16th Floor

ZIP/Postal State/Province/Country City Code

NEW YORK 10022 New York

State(s) of Solicitation (select all that apply) All Check "All Statesâ€∏ or check individual States

States

Foreign/non-US

CALIFORNIA

COLORADO

CONNECTICUT

FLORIDA

MASSACHUSETTS

NEW JERSEY

NEW YORK

PENNSYLVANIA

13. Offering and Sales Amounts

Total Offering Amount \$8,500,001 USD or Indefinite

Total Amount Sold \$8,500,001 USD

Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$552,500 USD **Estimate**

Finders' Fees \$0 USD **Estimate**

Clarification of Response (if Necessary):

The amount represents fees earned by Jefferies & Company, Inc. for its services as exclusive placement agent.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

> \$0 USD **Estimate**

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
TherapeuticsMD, Inc.	/s/ Daniel A. Cartwright	Daniel A. Cartwright	Chief Financial Officer	2012-10-10

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.