FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| 1 | Estimated average I | burden | | | | | | | |

0.5

hours per response:

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

| | | | | 0. | occii | 511 50(11) 0 | Ji tile | invesiment C | ompany Act | 01 10-0 | | | | | | | |
|---|---|-----------------------------------|---|----------------------------------|--|--------------|-----------------|--|--------------------|---|--|---|---|--|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* <u>Collins Cooper C.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Comis Cooper C. | | | | | | | | | | | | X Directo | or | | 10% Ow | ner | |
| (Last) (First) (Middle) 6800 BROKEN SOUND PARKWAY NW, | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018 | | | | | | Officer below) | (give title | | Other (s below) | pecify | | |
| THIRD FLOOR | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. lı | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| | | | | | | | | | | | | Line) | | | | | |
| (Street) BOCA F | RATON F. | L | 33487 | | | | | | | | | | iled by Mor | • | orting Persor One Repor | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | |
| | | Tak | le I - Non-D | erivativ | e Se | curities | s Ac | quired, Di | sposed o | f, or Be | neficial | y Owned | l | | | | |
| Date | | | | Transactior te onth/Day/Yo | Execution Date, | | Code (Instr. 5) | | | | Benefici | es ally Following | Form (D) or | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | | | Amount | (A) or (D) | Price | Transact (Instr. 3 | ion(s) | | | mstr. 4) | | | |
| | | | Table II - Dei (e.ç | | | | | uired, Dis s, options, | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | cise (Month/Day/Year) f ive | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$6.35 | 07/02/2018 | | A | | 50,000 | | 07/02/2019 | 07/02/2028 | Common Stock | 50,000 | \$0 | 50,000 |) | D | | |

Explanation of Responses:

/s/ Cooper C. Collins

07/05/2018

** 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.

 $^{^{\}star}$ 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).