Check Section obligat

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

# NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number	3235-0287								
Estimated ave	rage burden								
hours per resp	oonse: 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*  Bernick Brian						2. Issuer Name <b>and</b> Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]									5. Relationship of Re (Check all applicable X Director			porting Person(s) to Issuer			
(Last) (First) (Middle) 6800 BROKEN SOUND PARKWAY NW						3. Date of Earliest Transaction (Month/Day/Year) 03/26/2014									Office below				Other (specify below)		
THIRD FLOOR  (Street)  BOCA RATON FL 33487				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						n		
(City)		(Stat	re) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Da			2. Transaction Date (Month/Day/Y	ear) i	2A. Deem Execution ar) if any (Month/D		e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owned Follov		y	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) or (D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			03/26/202	)14				S		421,268	D	\$6.6971	6,735,99		99 <sup>(1)</sup> I			By BF Investment Enterprises, Ltd.			
Common Stock										П					297,0	00	D				
Common Stock												3,000(2)		)(2)	I		By BF Management, LLC				
	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 Exercis Price of Derivative Security	on se	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, / th/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	ative rities ired osed	er 6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity tr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte Transac (Instr. 4	tive Owner ties Form cially Direct or Inc ing (I) (In ed ction(s)		ship ( I D) ( ect (	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	le V (A) (D)		(D)	Date ) Exercisal		Expiration e Date	Title	Amount or Number of Shares							

#### **Explanation of Responses:**

- 1. The reported securities are owned by BF Investment Enterprises, Ltd. ("BF Investment"). The reporting person (i) holds, together with his spouse as tenants by the entirety, 70.6% membership interest in BF Management, LLC (the "GP"), the general partner of BF Investment, (ii) holds, together with his spouse as tenants by the entirety, 73% limited partner interest in BF Investment, (iii) holds in the aggregate, with his spouse in their individual capacities, 3.272% limited partner interest in BF Investment, and (iv) serves as the Manager of the GP. The reporting person disclaims beneficial ownership of TherapeuticsMD, Inc. (the "Company") common stock except to the extent of his pecuniary interest therein.
- 2. The reported securities are held by the GP. As disclosed in footnote 1 above, the reporting person, together with his spouse as tenants by the entirety, hold 70.6% membership interest in the GP. The reporting person disclaims beneficial ownership of the Company common stock except to the extent of his pecuniary interest therein.

# Remarks:

**Brian Bernick** 

03/27/2014

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

\*\* Signature of Reporting Person Date

- \* 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.