FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machineton	D C	20540
Vashington,	D.C.	20549

wasnington, D.C. 20549	

OMB APPI	PROVAL					
OMB Number:	3235-0362					

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL	OMB Number:
OWNERSHIP	Estimated average burder
	hours per response:

Form 3 Holdings Reported.

Instruction 1(b)

	Holdings Repo	ricu.			_	40/			=									
Form 4	Transactions R	eported.	Fil	ed pursuant to or Sectior														
1. Name and Address of Reporting Person* <u>Bernick Brian</u>					2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 6800 BRO 3RD FLO	(Fir OKEN SOU OOR	12/31/20	Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016 A If Amendment, Date of Original Filed (Month/Day/Year)						,	Officer (give title Other (specibelow) 6. Individual or Joint/Group Filing (Check Applica					. ,			
(Street) BOCA RATON FL 33487 (City) (State) (Zip)				-	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n			
(City)	(30		(Zip)	votivo Soo	i+i	ioo Ao	ai.	rod Di	00000	d of		Popofici	ally Own					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial			
							Amount		(A) c (D)	or	Price	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
Common Stock 12		12/27/2016		G			30,000		D		\$0	267,000		D				
Common Stock												6,557,371 ⁽¹⁾		I		By BF Investment Enterprises, Ltd.		
Common Stock												3,000(2)		I		By BF Management, LLC		
		Ta	able II - Deriva (e.g., p	tive Securi uts, calls,										t				
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)	4. Transaction Code (Instr. 8)	of Der Sec Acc (A) Dis	posed D) tr. 3, 4	eative rities ired rosed . 3, 4		Date Exercisable and biration Date conth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		ive ies cially ing ed ction(s)		D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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, a 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, a 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, holds a 70.6% membership interest in the GP. The reporting person disclaims beneficial ownership of the Company common stock held by the GP, except to the extent of his pecuniary interest therein.

<u>/s/ Brian Bernick</u> <u>02/14/2017</u>

** Signature of Reporting Person

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

- * 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.