Instruction 1(b)

T Form 2 Holdings Poported

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

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Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac							
Name and Address of Reporting Person* Finizio Robert G				2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW 3RD FLOOR				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015						Year)	X Officer (give title Other (specify below) Chief Executive Officer					
(Street) BOCA RATON FL 33487 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Non-Deriv	ative Sec	uriti	es Ac	quir	ed, Di	sposed	of, or	Benefici	ally Own	ed			
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.					or Disposed	5. Amount of Securities Beneficially Owned at end o		6. Ownership Form: Direct (D) or	ership 1: Direct	7. Nature of Indirect Beneficial Ownership
				,		,		Amoun	t	(A) or (D)	Price	Issuer's Year (In: 4)	Fiscal str. 3 and	indirect (I) (Instr. 4)		(Instr. 4)
Common Stock			12/26/2015		G			120,000		D	\$ <mark>0</mark>	18,796,059			D	
Common Stock												2,00	2,000,000			See footnote ⁽¹⁾
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)	4. Transaction Code (Instr. 8)	of Deri Secu Acqu (A) o Disp of (D	osed o) rr. 3, 4 5)	Expiration Date (Month/Day/Year)		tte ear)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. By grantor-retained annuity trust ("GRAT").

/s/ Robert G. Finizio

02/16/2016

** Signature of Reporting Person

Date

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.