Instruction 1(b).

FORM 4

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

Washington, D.C. 20549

-	OMB APP
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person* Collins Cooper C.						2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]									eck all applic	**				
Comis Cooper C.													2	Contractor Output Director	or		10% Ov	vner		
(Last) (First) (Middle) 10003 WOODLOCH FOREST,				3. Date of Earliest Transaction (Month/Day/Year) 04/16/2012										Officer below)	(give title		Other (s below)	specify		
#950																				
					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														- 1	•	iled by One	Repo	orting Perso	n	
	THE WOODLANDS TX 77380															Form filed by More than One Rep Person			orting	
(City)	(5	State)	(Zip)																	
		Tal	ole I - Non	-Deriv	ativ	e Se	curities	s Ac	auired.	Dis	posed o	f. or B	ene	ficiall	v Owned					
1 Title of 9	Security (Ins			2. Trans		_	2A. Deem		3.		4. Securi	-			5. Amou		6. Ow	nership	7. Nature	
Da			Date (Month/Day/		ear)	Execution Date if any (Month/Day/Yea		r, Transactio		Disposed	d Of (D) (Instr. 3,			Securitie Beneficia Owned F	s ally following	Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct Indirect str. 4)	of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	mount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)						
			Table II - I (osed of, converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date, T	ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	Date	•	7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	or No of	umber						
Non- qualified Stock Option	\$2.55	04/16/2012			A		75,000		12/31/201	2 (04/16/2022	Commo Stock	n 7	5,000	\$0	75,000)	D		

Explanation of Responses:

/s/ Cooper C. Collins

04/17/2012

** 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.