FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

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

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

Name and Address of Reporting Person* Finizio Robert G				2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]					(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 03/15/2018					X	X Officer (give title below) Other (specify below) CEO					
(Street)	ATON F	L	33487	4 	. If Ame	endment,	Date (of Original File	d (Month/Day	y/Year)	6. Ind Line)	Form fil	oint/Group Fili ed by One Re ed by More th	porting Perso	n
(City)	(5	State)	(Zip)								<i>a</i>				
Title of Security (Instr. 3)				ransacti e enth/Day	ay/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			d (A) or r. 3, 4 and 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
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)		Fransaction Derivative Securities		e s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	5)	
Non- Qualified Stock Option (right to buy)	\$5.16	03/15/2018		A		440,000		03/15/2019 ⁽¹⁾	03/15/2028	Common Stock	440,000	\$0	440,000	D	

Explanation of Responses:

1. Underlying shares vest as follows: 146,667 shares on the first anniversary date of the grant, 146,667 shares on the second anniversary date of the grant, and 146,666 shares on the third anniversary date of the grant.

<u>/s/ Robert G. Finizio</u> 03/19/2018

** 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.