FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549	
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STATEMENT	OF	CHANGES II	N BENEFIC	CIAL (	DWNERSHIF

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

					ui seci	1011 30(11)	or tire	invesiment	CUII	ipariy Act	01 1940						
1. Name and Address of Reporting Person* Finizio Robert G					2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [ TXMD ]							(Ch	elationship o eck all applic	able)	g Perso	. ,	
(Last) (First) (Middle) 951 BROKEN SOUND PARKWAY NW SUITE 320					3. Date of Earliest Transaction (Month/Day/Year) 12/04/2012							X Officer (give title below)  CEO, Director					
	RATON F		33487	4. If Amendment, Date				of Original Filed (Month/Day/Year)				Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5	itate)	(Zip)														
		Та	ble I - Non-D	erivati	ve Se			quired, D	isp	osed o	of, or Be	neficiall	y Owned				
Date			Transaction te onth/Day/	Execution Date,		Code (Instr.					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	,	Amount	(A) or (D)	r Price	Transacti (Instr. 3 a	tion(s)			(IIISti. 4)	
			Table II - De (e.					uired, Dis s, options					Owned		,		
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any C		Code	ansaction Derivative		Expiration Date (Month/Day/Year)			7. Title and of Securiti Underlying Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported		Ownership Form: Be Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares	]	Transacti (Instr. 4)	ion(s)		
Non- Qualified Stock Option	\$2.55	04/16/2012		A		50,000		12/31/2012	04	4/16/2022	Common Stock	50,000	\$0	2,027,4	181	D	
Non- Qualified Stock Option <sup>(1)</sup>	\$3	11/30/2012		A		900,000		11/08/2013	11	1/30/2022	Common Stock	900,000	\$0	2,927,4	181	D	

## **Explanation of Responses:**

 $1. \ Shares \ vest \ at the \ rate \ of \ 300,000 \ shares \ on \ 11/8/15. \ 300,000 \ shares \ on \ 11/8/14, \ and \ 300,000 \ shares \ on \ 11/8/15.$ 

/s/ Robert G. Finizio

12/04/2012

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.