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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					or	Section	on 30(h) d	of the	Investmen	t Cor	npany Act	of 1940							
Name and Address of Reporting Person*     Thompson Tommy G						2. Issuer Name <b>and</b> Ticker or Trading Symbol TherapeuticsMD, Inc. [ TXMD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>1110111p</u>	5011 1011.	<u> </u>			1									X Directo	or		10% Ov	vner	
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018									Officer below)	(give title		Other (s below)	specify	
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line)  X Form filed by One Reporting Person							
BOCA RATON FL 33487												Form filed by More than One Reporting Person							
(City)	(	State)	(Zip)																
		Tal	ole I - Non-	-Deriva	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			Code (Instr. 5)				Beneficia Owned F	es Formally (D) (Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) c	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)		
			Table II - D (e						uired, D s, option					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 Da if any (Month/Day/Y	ate, Tr	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option	\$6.35	07/02/2018			A		75,000		07/02/201	9 (	7/02/2028	Common Stock	75,000	\$0	75,000		D		

**Explanation of Responses:** 

(right to buy)

/s/ Tommy G. Thompson

07/05/2018

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).