Check

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* Finizio Robert 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)  X Director 10% Owner						
(Last) 951 YAN		(First)	(N , SUITE 220	viiddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/09/2020										X Officer (give titl below)				(specify	
(Street) BOCA R (City)		FL (State		3431 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable te)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execuif any			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			and Securities Beneficially Owned Followin		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) or (D)	Price	)	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 06/				06/09/20	)20				P		21,000	A	\$1	.41	18,376,964		D				
Common Stock				06/09/2020		)		P		25,000	A	\$1.4	<b>17</b> <sup>(1)</sup>	18,401,964			D				
Common	Stock														1,004,941 I					See Footnote <sup>(2)</sup>	
Common Stock																995	,059			See Footnote <sup>(3)</sup>	
	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)	ative Conversion or Exercise (Month/Day/Year)  Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed . 3, 4	Expira (Mont	e Exer ation D h/Day/	Year) Securitie Underlyii Derivativ Security 3 and 4)  Ar or Nt Expiration of		nt of ities lying ative ity (Inst	D S (I)	Price of erivative ecurity nstr. 5)			10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)				

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.46 to \$1.47, inclusive. The reporting person undertakes to provide to TherapeuticsMD, Inc., any security holder of TherapeuticsMD, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in Footnote (1) to this Form 4.
- $2. \ The \ reported \ securities \ are \ owned \ by \ the \ reporting \ person's \ Grantor-Retained \ Annuity \ Trust.$
- 3. The reported securities are owned by Robert Finizio Revocable Trust.

/s/ Robert G. Finizio 06/10/2020

\*\* 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.