FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

IL	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*     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>1110111þ</u>	SOII TOIII	<u>iliy G</u>		-		1		,					C Director	r		10% Ow	ner
(Last) (First) (Middle)			3.	Date of Earliest Transaction (Month/Day/Year)						$\dashv$	Officer below)	(give title	X	Other (s below)	pecify		
6800 BROKEN SOUND PKWY NW				0	03/25/2015							Chairman					
THIRD I	FLOOR																
(Ctuo ot)				—   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	RATON F	т	33487										, K Form fil	led by One	Repo	rting Person	
	MION I	ь	JJ407												e than	One Report	ing
(City)	(5	State)	(Zip)										Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				action 2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		ed (A) or str. 3, 4 and	Beneficia Owned Fe	s Form ally (D) o ollowing (I) (In		n: Direct   I or Indirect   E nstr. 4)   (	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a	tion(s)			Instr. 4)	
			Table II - Der (e.g					uired, Di s, option					Owned				
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, ecurity   or Exercise   (Month/Day/Year)   if any		Code (	ansaction Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)  (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 derivative Securities Beneficial Owned Following Reported Transaction	es O Fe D O O O O O O O O O O O O O O O O O O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares		(Instr. 4)	onia		
Non- qualified stock option	\$5.92	03/25/2015		A		125,000		12/31/2015	03	3/24/2025	Common Stock	125,000	\$0	125,00	00	I	See <sup>(1)</sup>

## Explanation of Responses:

1. Owned by Thompson Family Investment, LLC

/s/ Tommy G. Thompson

03/27/2015

\*\* 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.