SEC F	form 4
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FORM	4
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\$6.83

Explanation of Responses:

option (right to buy)

03/15/2017

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							( )														
1. Name and Address of Reporting Person* <u>Krassan Mitchell</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>TherapeuticsMD, Inc.</u> [TXMD]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				Therepeuteonity, me. [ Think ]											Director			10% O\			
,					⊢										<b>–</b> X	Officer ( below)	give title		Other (s below)	specify	
(Last)		(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)										,	,					
6800 BROKEN SOUND PKWY NW, THIRD				03/15/2017										Chief Strategy Officer							
FLOOR																					
					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Ind	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					- in Americanicity, Date of Original Filed (Month/Day/Teal)										Line)						
BOCA F	ATON	FL	33487													X Form filed by One Reporting Person					
	unon		55407													Form filed by More than One Reporting					
		(0	(=: )													Person					
(City)		(State)	(Zip)																		
		Tá	able I - Noi	n-Deriv	ati	ve S	ecuritie	s A	cqui	ired, C	Dis	posed o	f, or Be	enef	ficially	Owned					
1. Title of	Security (In	str. 3)		2. Trans								5. Amoun				7. Nature of					
Date (Month/E				Day/	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 Day/Year) if any Code (Instr.						, 4 and 5)	Securities Beneficial	ly (D) or			Indirect Beneficial					
				(Month/Day/Ye				ear) 8)						Owned Fo Reported		ollowing (I) (In		Ownership (Instr. 4)			
									Code	,	Amount	(A) o	or	Price	Transactio			ľ			
						Code V Amount (D)									(Instr. 3 ar	nd 4)					
			Table II -	Deriva	tive	e See	curities	Aco	quir	ed, Di	spo	osed of,	or Ben	efic	cially O	wned					
				(e.g., p	uts	s, ca	lls, war	rant	ts, o	ptions	, C	onvertil	ole secu	uriti	ies)						
1. Title of	2.	3. Transaction	3A. Deemed	4.	·		5. Number of		6. Date Exercisable and 7. Title and Amo					mount	8. Price of	9. Number of		10.	11. Nature		
Derivative Conversion Date Execution Date,					ransaction				Expiration Date of Securities (Month/Day/Year) Underlying					Derivative Security		e .	Ownership Form:	of Indirect Beneficial			
(Instr. 3) Price of (Month/Day/Year) 8) Acquired (A)						Derivative Secu						(Instr. 5)	Securities Beneficially Owned Following		Direct (D)	irect (D) Ownershi					
Derivative Security					or Disposed (Instr. 3 and 4) of (D) (Instr.							•)				or Indirect (I) (Instr. 4					
				3, 4 and 5)											Reported	ř		´			
											Τ				nount		Transact (Instr. 4)				
									Date	e		Expiration		or	umber						
				Co	de	v	(A)	(D)	Exe	ercisable		Date	Title	of	Shares						
Non-																					
qualified stock										14			Common								
Stock	\$6.83	03/15/2017	1		<b>I</b>		170.000		03/1	15/2010(1	11(	03/14/2027		11'	70 000 l	\$ <mark>0</mark>	170.0	00	I D	1	

03/15/2018<sup>(1)</sup>

1. Underlying shares vest as follows: 56,667 shares on the first anniversary date of the grant, 56,667 shares on the second anniversary date of the grant, and 56,666 shares on the third anniversary date of the grant.

Stock

/s/ Mitchell Krassan

\*\* Signature of Reporting Person

170,000

\$<mark>0</mark>

170,000

03/17/2017

Date

D

03/14/2027

\* 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).

170,000

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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

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.