FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERS

	OMB APPROVAL					
FICIAL OWNERSHIP	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

						JCCI	011 30(11) 0	JI 111C 1	investment	Com	party Act	01 13-0							
1. Name and Address of Reporting Person* Milligan John C.K. IV				2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Milliga	<u>III JOIIII C</u>	<u>J.K. 1V</u>					1				•			X	Directo	r		10% Ow	ner
					-									Х		(give title		Other (s	pecify
(Last)	•	First)	(Middle)					Trans	action (Mor	n (Month/Day/Year)					below)		below)		
951 BROKEN SOUND PARKWAY NW				03	05/01/2013								President/Secretary						
SUITE 3	320																		
					- 4.1	If Ame	endment, I	Date o	f Original F	iled (Month/Da	ay/Year)			lividual or J	loint/Group	Filing	(Check App	licable
(Street)														Line)	F	l	D		
BOCA R	RATON F	L	33487											X		,	•	orting Persor	
					-										Person		e tnan	One Repor	ting
(City)	(:	State)	(Zip)																
		Tak	ole I - Nor	-Deriv	vativ	۵ ۵ ۵	Curitios	: Acc	nuired F	lien	n haan	of or Be	nefic	ıllei	Owned				
			JIC I - INOI			_				JISP								[.	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			saction	ection 2A. Deemed Execution Date			3. 4. Securit r, Transaction Disposed			ities Acquired (A) or d Of (D) (Instr. 3, 4 a		or and	5. Amou				7. Nature of Indirect		
			(Month/	nth/Day/Year)		if any (Month/Day/Yea		· · · · ·		17						(D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
												vr				.,.			
									Code	٧	Amount	(A) (D)	" Pr	ice	(Instr. 3 a	ind 4)			
			Table II - I	Deriva	ative	Sec	urities	Acaı	uired. Dis	spo	sed of.	or Ber	eficia	ally (Owned				
									, options										
1. Title of	2.	3. Transaction	3A. Deemed	1 .	4.		5. Numb	oer	6. Date Exe	rcisa	ble and	7. Title a	nd Amo	unt	8. Price of	9. Number	of	10.	11. Nature
Derivative Security	Conversion or Exercise	Date	Execution I	Date,	Transaction Code (Instr		n of		Expiration Date of Securities (Month/Day/Year) Underlying					Derivative Security	derivative Securities	1	Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year)				8)	Securities		es	Derivative Secu						(Instr. 5)	Beneficially		Direct (D) Owne	Ownership	
Derivative Security						Acquired (Instr. 3 and 4)						ınd 4)			Owned Following		or Indirect (Insti	(Instr. 4)	
						Disposed of (D) (Instr.										Reported Transaction(s)	n(s)		
						3, 4 and 5)								(Instr. 4)	(5,				
				Γ						Т			Amo	unt					
													or Num	ber					
					Code	v	(A)		Date Exercisable		kpiration ate	Title	of Shar	es					
Non-		1								T									
qualified Stock	\$2.64	05/01/2013			Α		50,000		12/31/2013	05	5/01/2023	Common Stock	50,0	000	\$ <mark>0</mark>	3,517,62	7	D	

Explanation of Responses:

Option

/s/ John C.K. Milligan, IV

05/03/2013

** 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.