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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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| 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 * $\underline{LaPenta\ Robert\ V\ Jr}$ | | | | | | 2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD] | | | | | | | (Ch | Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner | | | | | |
|---|--|--|---|--------|---|---|--|--|--|------------|-------------------------------|---|--|---|---|-----------------------------------|--|--|--|
| | OKEN SO | irst) UND PARKWAY | (Middle) Y NW | | 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2015 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | |
| THIRD FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BOCA RATON FL 33487 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | e Se | curities | s Ac | quired, D | ispo | osed o | f, or Bei | neficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | , Transaction Disposed Code (Instr. 5) | | | ties Acquire I Of (D) (Ins | | | s ally following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ | c | ransad ode (I | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration D (Month/Day/ | ate | | 7. Title and of Securiti Underlying Derivative (Instr. 3 and | es g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4) | e Cos Fally Do | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | Exp Dat | piration te | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$8.92 | 12/17/2015 | | | A | | 50,000 | | 12/17/2016 | 12/ | /17/2025 | Common Stock | 50,000 | \$0 | 50,00 | 0 | D | | |

Explanation of Responses:

/s/ Robert V. LaPenta, Jr.

12/21/2015

** 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.

 $^{^{\}star}$ 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).