FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Ington, D.C. 20549	OMB

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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. <u>T</u>	2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) 951 YAN	`	First) AD, SUITE 220	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/03/2020								X	below)	give title hief Strat	egy (below)	ресіту
(Street) BOCA RATON FL 33431						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State)	(Zip)												Person				
		Та	ble I - N	on-De	rivati	ve S	ecur	ities Ac	quire	d, Di	isposed o	of, or Be	neficia	lly O	wned				
Date			Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Beneficia Owned Fo		s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/0					3/2020	020		M		105,703	A	\$0.18	74	105,	,703		D		
Common Stock 02/0				3/2020	2020					194,297	Α	\$0.20	37	300,	000		D		
Common Stock 02			02/03	3/2020	3/2020					300,000	D	\$2.256	4 ⁽²⁾	2) 0			D		
			Table II								posed of, converti			y Ow	ned	•		1	*
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise Price of Derivative		ned n Date, ay/Year)	4. Transacti Code (Ins 8)				6. Date Exerci Expiration Da (Month/Day/Y		ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		De Se	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Ownersh Form: Direct (D) or Indirect (I) (Instr.		Beneficial Ownership t (Instr. 4)
					Code	de V (A) (I		(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Share			Transactio (Instr. 4)	on(s)	11(3)	
Non- Qualified Stock Option (right to buy)	\$0.1874	02/03/2020			М			105,703	05/01/	2011	05/01/2020	Common Stock	105,70	3	\$0 0			D	
Non- Qualified Stock Option (right to buy)	\$0.2037	02/03/2020			M			194,297	09/01/2	2013	09/01/2020	Common Stock	194,29	7	\$0	489,65	58	D	

Explanation of Responses:

- 1. The sales were made pursuant to the Reporting Person's 10b5-1 trading plan dated December 10, 2019 with respect to shares of common stock underlying options to purchase common stock that expire on or before September 2020.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.25 to \$2.285, inclusive. The reporting person undertakes to provide TherapeuticsMD, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ Mitchell Krassan

02/05/2020

** 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.