FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden

0.5

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

									investment C	opa	,	. 20 .0							
1. Name and Address of Reporting Person* Donegan Michael C						2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Donega</u>	an Mucha	<u>iei C</u>			1	<u> </u>	y c u c c		, <u> 22201</u> [22	11.12	1			Directo			10% Ow	-	
(1.0)							Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)		Other (s below)	pecify	
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD							03/15/2017								Vice President Finance				
FLOOR																			
							ndment, I	Date o	of Original File	ed (Mo	onth/Day	6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)												- 1	Line) X Form filed by One Reporting Person						
BOCA RATON FL 33487											'								
														Form filed by More than One Reporting Person					
(City)	(State)	(Zip)																
		Ta	ble I - Nor	-Deriv	ativ	e Se	curitie	s Ac	quired, Di	spo	sed of	f, or Ben	eficiall	y Owned					
1. Title of	Security (In:	str. 3)		2. Trans	action				3.			es Acquire Of (D) (Inst		5. Amou Securitie				7. Nature of ndirect	
Date (Month/Da					Day/Ye	ear)	Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		OI (D) (IIISti	ı. 3, 4 anu	Benefici	Beneficially (D)		or Indirect	Beneficial Ownership (Instr. 4)		
						(WOTHINDAY/Teat						(A) or	1			- Reported			
					Code V				Aı	Mount	(A) (I	Price	(Instr. 3						
			Table II - I	Deriva	tive	Sec	urities	Acqı	uired, Dis	pose	ed of,	or Bene	ficially	Owned					
	(e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed			-4:			6. Date Exercisable and		e and	7. Title and		8. Price of	9. Numbe		10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution D	C	ransaction ode (Instr.		Derivative		Expiration Da (Month/Day/Y			of Securiti Underlying	g	Derivative Security	derivative Securities	s	Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year) 8) Derivative)		Securities Acquired		Derivative Sec (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned Following Reported		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Security							(A) or Dispose	ed											
							of (D) (II 3, 4 and								Transacti (Instr. 4)				
										П			Amount	1					
													or Number						
				c	ode	v	(A)		Date Exercisable	Exp	oiration te	Title	of Shares						
Non-					\neg														
qualified stock									(1)			Common	40.000			_	_		
option (right to	\$6.83	03/15/2017			A		40,000		03/15/2018 ⁽¹⁾	03/1	14/2027	Stock	40,000	\$0	40,00	U	D		
buy)																			

Explanation of Responses:

1. Underlying shares vest as follows: 13,333 shares on the first anniversary date of the grant, 13,333 shares on the second anniversary date of the grant, and 13,334 shares on the third anniversary date of the grant.

/s/ Michael Donegan

03/17/2017

** Signature of Reporting Person

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.