FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
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**OMB APPROVAL** OMB Number: Estimated average burden 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

Name and Address of Reporting Person*     Finizio Robert G						2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [ TXMD ]									ck all applic Directo	cable) or	g Pers	_	vner
(Last) (First) (Middle) 951 BROKEN SOUND PARKWAY NW SUITE 320				3. Date of Earliest Transaction (Month/Day/Year) 04/16/2012								X	X Officer (give title Other (specify below)  Chairman/CEO						
(Street) BOCA R (City)	ATON FI		33487 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line) X	Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tab	le I - Non	-Deriva	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution D		Date	Code (				and Securitie Beneficia		es Fo ally (D) Following (I)		vnership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	r Pri	ce	Transact (Instr. 3 a	ction(s)			(111501.4)		
	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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ate, Ti	4. 5. Numbrof of Derivativ Securitie Acquired (A) or Disposec of (D) (In 3, 4 and 1)		ve es ed ed nstr.	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numl of Share	ber					
Non- qualified Stock Option	\$2.55	04/16/2012			A		50,000		12/31/20	12 (	04/16/2022	Common Stock	50,0	000	\$0	2,027,4	81	D	

**Explanation of Responses:** 

/s/ Robert G. Finizio

04/17/2012

\*\* 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.