FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BEN	NEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

footnote(4)

footnote(5)

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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

1. Name and Address Finizio Robe		J Person [*]		Issuer Name and Tic herapeuticsMD		_				ationship of Reporti k all applicable) Director	.,	Owner Owner	
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 10/11/2018						Officer (give title below)	Othe belo	er (specify w)	
(Street) BOCA RATON (City)	FL (State)	33487 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line)				
		Table I - N	on-Derivativ	re Securities Ac	quire	d, Di	sposed of	, or Be	neficially	Owned			
Date			2. Transaction Date (Month/Day/Year	Execution Date,		ction Instr.	4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			10/11/2018		М		92,000	A	\$0.1018	18,485,559	D		
Common Stock			10/11/2018		S ⁽¹⁾		92,000	D	\$5.648(2)	18,393,559	D		
Common Stock			10/12/2018		M		92,000	A	\$0.1018	18,485,559	D		
Common Stock			10/12/2018		S ⁽¹⁾		92,000	D	\$5.448(3)	18,393,559	D		
Common Stock										1,335,136	I	See	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(c.g., pane, cane, manus, opinione, como and commission)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deri Sec Acq (A) (Disp of (I	wative writies wired or oosed O) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		te of Securities		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$0.1018	10/11/2018		M			92,000	01/01/2012	01/01/2019	Common Stock	92,000	\$0	1,012,910	D	
Non- Qualified Stock Option (right to buy)	\$0.1018	10/12/2018		М			92,000	01/01/2012	01/01/2019	Common Stock	92,000	\$0	920,910	D	

Explanation of Responses:

Common Stock

- 1. The sales were made pursuant to the Reporting Person's 10b5-1 trading plan with respect to shares of Common Stock underlying options to purchase Common Stock that expire on or before January 1, 2019.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.4 to \$5.75, 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.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.37 to \$5.67, inclusive. The reporting person undertakes to provide 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.
- 4. By the Reporting Person's Grantor-Retained Annuity Trust.
- 5. By Robert Finizio Revocable Trust.

/s/ Robert G. Finizio

10/15/2018

** Signature of Reporting Person

664,864

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 colle	ection of information contained in thi	is form are not required to resp	ond unless the form displays a cu	rrently valid OMB Number.