FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							
	OMB Number: Estimated average burd							

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 Sec	tion 30(n) (or tne	Investment	Con	ipany Act	of 1940						
Name and Address of Reporting Person* Milligan John C.K. IV				2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
wiiiiga	II JUIII C	IX. I V				•		.,		-			X Directo	r	X	10% Ov	/ner
													X Officer below)	(give title		Other (s	pecify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2012								President/Secretary				
		IND PARKWAY	NW	ľ	_,_,,	-012								1 residen	u occi	ctary	
SUITE 3	20			<u> </u>													
				4	. If Ame	endment, [Date o	f Original F	iled (Month/Da	y/Year)	6. I Lin	ndividual or J	oint/Group	Filing	(Check App	licable
(Street)	ATON F	T	22.407									- 1	•	led by One	Repo	rting Persor	
BOCA R	RATON F	L	33487											,	•	One Repor	
													Person				3
(City)	(5	State)	(Zip)														
		Та	ble I - Non-I	Derivati	ve Se	ecurities	s Ac	quired, [Disp	osed o	f, or Be	neficial	y Owned				
Date				. Transacti ate Month/Day	Exec Day/Year) if any		PA. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) o d Of (D) (Instr. 3, 4 a		Beneficia Owned F	s For ally (D) ollowing (I) (: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
			Table II - De					uired, Di					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution Date,		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and 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	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)			
Non- qualified Stock	\$2.2	02/27/2012		A		300,000		10/21/2012	10	0/21/2021	Common Stock	300,000	\$0	2,318,3	198	D	

Explanation of Responses:

/s/ John CK Milligan, IV 03/

03/16/2012

** 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.