SEC Form 4	
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FORM 4

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
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

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average bu	rden									
hours per response:	0.5									

1. Name and Address of Reporting Person [*] Krassan Mitchell			2. Issuer Name and Ticker or Trading Symbol <u>TherapeuticsMD, Inc.</u> [TXMD]	(Check	tionship of Reporting Per- all applicable) Director Officer (give title	son(s) to Issuer 10% Owner Other (specify	
(1+)		() (; -1-11 -)	3. Date of Earliest Transaction (Month/Day/Year)	X	below)	below)	
(Last)	(First)	(Middle)			EVD Chief Strate	Try Officer	
6800 BROKEN SOUND PARKWAY NW		AY NW	02/10/2014		EVP, Chief Strategy Officer		
3RD FLOOR							
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing	a (Check Applicable	
(Street)				Line)	·····		
(Street)				X	Form filed by One Rep	orting Person	
BOCA RATON	FL	33487			, , , , , , , , , , , , , , , , , , ,	•	
					Form filed by More that Person	n One Reporting	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	02/10/2014		М		7,500	A	\$0.1874	7,500	D	
Common Stock	02/10/2014		S ⁽¹⁾		7,500	D	\$6.3357 ⁽²⁾	0	D	

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)	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		6. Date Exerc Expiration Da (Month/Day/Y	ate	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)	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)	\$0.1874	02/10/2014		М			7,500	10/04/2011	05/01/2020	Common Stock	7,500	\$0	150,703	D	

Explanation of Responses:

1. The shares were sold pursuant to a 10b5-1 Sales Plan dated December 9, 2013.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.28 to \$6.41, 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.

<u>/s/ Mitchell Krassan</u>

** Signature of Reporting Person

02/12/2014 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.