FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	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

										0. 20.0					
Name and Address of Reporting Person* Finizio Robert G				2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
F1IIIZIO	Robert (<u> </u>		-	LIICIO	peare	,,,,,,	<u> </u>	11112		3	Director		10% Ov	vner
,				— ⊢							<u>></u>		give title	Other (s	pecify
(Last) (First) (Middle)							Trans	saction (Month	/Day/Year)			below)	CEO	below)	
6800 BROKEN SOUND PKWY NW				1	12/17/2015							CEO	1		
THIRD I	FLOOR			L											
				<u> </u>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Street)											Line)		ad by One Be	porting Persor	
BOCA R	RATON I	EL .	33487											porung Persor an One Repor	
												Person	ed by More th	an One Repor	ung
(City)	(State)	(Zip)												
		Τ-	able I - Non-D	orivati	ivo S	ocuritio	ς Λ <i>ι</i>	equired Di	enosad o	f or Bo	oficially	Owned			
									-			1			
1. Title of Security (Instr. 3) 2. Transa Date					action 2A. Deemed 3. 4. Securities Acquired (A) Execution Date, Transaction Disposed Of (D) (Instr. 3, 4			d (A) or r. 3, 4 and 5	or 5. Amount of Securities			7. Nature of Indirect			
(Month/D				onth/Day	Day/Year) if any (Month/I				Code (Instr.			Beneficial Owned Fo			Beneficial Dwnership
				(Monanbay) rea		a) 0)		(A) or Price		Reported			nstr. 4)		
							Code V	Amount	(A) (I	Price	Transaction(s) (Instr. 3 and 4)				
			Table II - De	rivativ	e Sec	rurities	Δα	uired Dis	nosed of	or Bene	eficially (wned		'	
								s, options,				wiicu			
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. Date Exerci	sable and	7. Title an	d Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Conversion Date Execution		ate, Trans		nsaction Derivative		Expiration Date of Securities (Month/Day/Year) Underlying		ies	Derivative Security	derivative Securities	Ownership		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year)	8)	Acquired (A) Derivative Secu		Security	(Instr. 5)	Beneficially	Form: Direct (D)	Ownership				
	Derivative Security				or Disposed of (D) (Instr. 3 and 4) 3, 4 and 5)				nd 4)		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
											Reported Transaction(s	s)			
											Amount or		(Instr. 4)	"	
				l				Date	Expiration	l	Number				
				Code	٧	(A)	(D)	Exercisable	Date	Title	of Shares				
Non- Qualified															
Stock	\$8.92	12/17/2015		A		950,000	H	01/17/2016 ⁽¹⁾	12/17/2025	Common	950,000	\$0	950,000	D	
Option (right to	45.52							01/1//2010		Stock	350,000	•	555,550		
buy)				1									l		

Explanation of Responses:

1. The option vests in equal monthly installments over 12 months.

/s/ Robert G. Finizio

12/21/2015

** 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.