FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
ı	hours per response:	0.5				

Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Instruction 1(b). or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Russell Angus C. (Last) (First) (Middle) 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR (Street) BOCA RATON FL 33487 (City) (State) (Zip)					Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD] Inc. [TXMD]							6. In	eck all applic X Director Officer below) andividual or 3 E) X Form fi	rector 10% Owner ficer (give title low) Other (specify below) I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting			pecify Dicable
				ransaction e nth/Day/Y	ction 2A. Deemed Execution Date,			3. Transact Code (In 8) Code	tion istr. V	4. Securit Disposed 5) Amount Dised of,	ties Acquire I Of (D) (Ins (A) or (D)	Price	5. Amour Securitie Beneficia Owned Reported Transact (Instr. 3 a	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
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	Code	ansaction of Derivati Securiti Acquire (A) or Dispose of (D) (I) 3, 4 and		ive ies ed ed nstr.	Expiration I	5. Date Exercisable Expiration Date Month/Day/Year)		of Securities		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Non- Qualified Stock Option (right to buy)	\$8.92	12/17/2015		A	v	50,000	(D)	12/17/2016) D	2/17/2025	Common Stock	50,000	\$0	50,000	'	D	

Explanation of Responses:

/s/ Angus C. Russell

12/21/2015

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).