FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIA	AL OWNERSHIP

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

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 of Reporting Person* Krassan Mitchell (Last) (First) (Middle) 6800 BROKEN SOUND PARKWAY NW 3RD FLOOR					- Th	Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD] 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2015									tionship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title below) below) EVP, Chief Strategy Officer				ner	
(Street) BOCA R (City)	RATON F		33487 (Zip)		4.1	If Ame	endme	nt, Date o	of Origina	l Filed	d (Month/Da	ay/Year)		. Indivine)	Form fi	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			or 5. Amou and 5) Securitie Benefici		s ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price						(Instr. 4)	
Common	Stock			06/08	3/2015	5			M		30,000) A	\$0.2	037	30,	000		D		
Common	Stock			06/08	3/2015	5			S ⁽¹⁾		30,000) D	\$8.1	. <mark>8</mark> (2)		0 D				
		-	Table II -								osed of, converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemo Execution if any (Month/Da	Date,	Code (Ins		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)		e	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er						
Non- Qualified Stock Option	\$0.2037	06/08/2015			М			30,000	10/04/20	11	05/01/2020	Common Stock	30,00	0	\$0	683,95	5	D		

Explanation of Responses:

buy)

/s/ Mitchell Krassan 06/10/2015

** 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.

^{1.} The shares were sold pursuant to a 10b5-1 Sales Plan dated September 8, 2014.

^{2.} The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.08 to \$8.42, 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.