FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

JL		VIAD EVA	SIIAIIGE	
	Washington.	D C 20549		

Washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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0.5

	Check this box if no longer subject to
1	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

Check this box to indicate that a transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-

1(c). S	ee Instruction	10.																	
Name and Address of Reporting Person* Collins Cooper C.					2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]								Check a		of Reportin licable)	g Pers	son(s) to Is		
	<u> </u>					3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024									Office	er (give title	Filing	Other (s below)	specify
(Street) BOCA RATON FL 33431				4. 11 /	4. If Amendment, Date of Original F					іей (імоптіл/Day/Year)			ne)				orting Perso	on	
(City)	(8	State) (Zip)																
		Table	1 - N	on-Deriva	ative	Secu	rities	Ac	quirec	l, Dis	posed of	, or B	enefic	ially (Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					.	Execution Date		,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of					nd 5) Securiti		ties cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	т	ransa	ed ction(s) 3 and 4)			(Instr. 4)
Common	Stock			08/22/20	024	24		P		4,094	A	\$1.73	34(1)		52,016		D		
		Та	ble II	- Derivati (e.g., pเ							osed of, convertib				vne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation D h/Day/\		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying itive ity (Instr.			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices of \$1.69 through \$1.75, inclusive. The reporting person undertakes to provide to TherapeuticsMD, Inc., any security holder of TherapeuticsMD, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth.

/s/ Cooper C. Collins

08/26/2024

** 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.