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	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>CARROLL J MARTIN</u>						2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
										-			X Director	or		10% Ow	ner		
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD FL.						3. Date of Earliest Transaction (Month/Day/Year) 06/20/2019							Officer (give title Other (specify below)						
							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)													ine) X Form filed by One Reporting Person						
BOCA RATON FL 33487														Form filed by More than One Reporting					
(City) (State) (Zip)												Persor	1						
		Tab	le I - Nor	n-Deriv	/ative	e Se	curities	Ac	quired, Di	sposed	of, or B	eneficial	ly Owned						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ear) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transactio Code (Ins	n Dispos	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V	Amour	t (A)	or Price	Reported Transact (Instr. 3	ction(s)						
	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 I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/\	ite	7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s ally g	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	\$2.64	06/20/2019			A		75,000		06/20/2020	06/20/202	Common	75,000	\$0	75,000	0	D			

Explanation of Responses:

/s/ J. Martin Carroll

06/24/2019

** 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).