FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP
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OMB APPRO	IVAL				
OMB Number:	3235-0287				
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Check this box if no longer subject to 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* <u>LaPenta Robert V Jr</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]										ck all applic	,					
(Last)	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2013									Officer below)	(give title		Other (s below)	pecify	
177 BROAD ST., 12TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	ORD C	Γ	96901									Line)	,						
(City)	(Si	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) (5) (8)					es Formally (D) (Sollowing (I) (I		m: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(A) o (D)	r Pi	ice	Transact (Instr. 3 a	ction(s)			Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
		ransaction of ode (Instr. Derivative		ve es d ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Co	ode \	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Sha	ber					
Non- qualified Stock Option	\$2.64	05/01/2013			A		75,000		12/31/2013	0	5/01/2023	Common Stock	75,	000	\$0	150,00	0	D	

**Explanation of Responses:** 

/s/ Robert V. LaPenta, Jr.

05/03/2013

\*\* 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.