FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See			TEME	INT OF	CHANGES	Estir	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5							
Instruction 1(b).			File		nt to Section 16(a) o ction 30(h) of the In						Luour		0.5	
1. Name and Address of Reporting Person* DArecca James				2. Issuer Name and Ticker or Trading Symbol <u>TherapeuticsMD</u> , <u>Inc.</u> [TXMD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)			
(Last) 951 YAMATO RO SUITE 220	(First) (Middle) ROAD			3. Date of Earliest Transaction (Month/Day/Year) 08/10/2021							,	ancial Officer		
(Street) BOCA RATON	FL	33431		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indiv X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)												
		Table I - No	n-Deriv	ative S	ecurities Acqu	uired,	Dis	oosed of, o	r Benei	icially O	wned			
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1130.4)	
Common Stock 08/1				0/2021		М		217,167	A	(1)	217,167	D		
Common Stock 08/1				2/2021		S ⁽²⁾		93,337	D	\$0.87 ⁽³⁾	123,830	D		
		Table II -			curities Acqui lls, warrants, d		is, c	onvertible			ned			

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)	4. Transa Code (8)	ction	Deri Secu Acq Disp	umber of vative urities uired (A) or posed of (D) tr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		
Restricted Stock Units	\$0	08/10/2021		М			217,167 ⁽¹⁾⁽⁴⁾	(5)	(5)	Common Stock	217,167 ⁽¹⁾⁽⁴⁾	\$0	434,333	D	

Explanation of Responses:

1. On August 10, 2021, the reporting person received 217,167 shares of common stock of the issuer in settlement of restricted stock units (RSUs), which vested on June 18, 2021.

2. The reported securities represent shares of issuer common stock sold upon settlement to satisfy tax obligations.

3. This transaction was executed in multiple trades at prices ranging from \$0.87 to \$0.88. The price reported in Column 4 reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

4. Each RSU represents a contingent right to receive one share of issuer common stock upon settlement.

5. The RSUs vest in three equal installments annually beginning June 1, 2021 (the one-year anniversary of the date of the reporting person's appointment as Chief Financial Officer), becoming fully vested on June 1, 2023.

/s/ James C. D'Arecca	08/12/2021				
** 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.