FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	D.C. 20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

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

							. ,												
Name and Address of Reporting Person* Collins Cooper C.				2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Comins	Cooper	<u>u.</u>				1	,				,			X	Director			10% Ow	ner
				— I											Officer (g	ive title		Other (sp	ecify
(Last)	(1	First)	(Middle)	Ī	3. Date	of E	arliest Transa	action	(Month	ı/Dav	//Year)				below)			below)	·
951 YAMATO ROAD					08/10/2021														
SUITE 2	20																		
3011E 2	20			L															
(Ctt)					4. If An	nend	ment, Date of	f Origir	nal File	d (M	lonth/Day	/Year)		6. Indi	idual or Joir	t/Group I	Filing (C	Check Applic	able Line)
(Street)	ATON I	ידי	33431											X	Form file	d by One	Reporti	ing Person	
BUCA R	ATON, F	'L	33431												Form file	d by More	e than C	ne Reportir	g Person
-																			
(City)	(;	State)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transa				3. 4. Securities Acquired (A) of				5. Amount	of	6. Ownershi Form: Direc		. Nature of				
				e onth/Day/Year)		Execution Date, if any		, Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4 a		3, 4 and 5)	Securities Beneficially				Indirect Beneficial		
				(Month/Day/Yea		ur) 8)						Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)			
							Cc	ode V	,	Amount		(A) or	Price	Transaction(s)			۱,		
						+				_		(0)		(Instr. 3 and	1 4)			
Common	Stock			08/10/	.0/2021		1	M		96,864 A		(1)	236,864		D				
			Table II - D	orivat	ivo S	0011	ritios Aca	uiroc	d Die	no	end of	or Po	nofi	sially Ov	mod				
							, warrants								nieu				
		I	<u> </u>	T .	,	_	·											· · ·	T
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date,	4. Transa	action	5. Number of Derivative		6. Date Exercisable and Expiration Date			ble and			nount of derlying			er of /e	10. Ownership	11. Nature of Indirect
Security or Exercise (Month/Day/Year) if any (Month/Day/Year)					Code (Instr.		Securities		(Month/Day/Year) Derivative S					Security (Instr. 5)	Securition Benefici		Form: Direct (D)	Beneficial Ownership	
(IIISII. 3)	Derivative \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Acquired (A) or Disposed of (D) (Instr. 3 and 4)					,	(111501.5)		•	or Indirect	(Instr. 4)					
	Security					(Instr. 3, 4 and 5)								Following Reported		(I) (Instr. 4)			
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				nount or		Transaction(s) (Instr. 4)								
				1				Date			piration		Νι	ımber of		(111511. 4)			
				Code	V	(A)	(D)	Exerc	cisable	Da	ite	Title	Sł	ares					
Restricted Stock	60	08/10/2021		M			96,864 ⁽¹⁾⁽²⁾	,	(3)		(3)	Commo	ո օւ	5.864(1)(2)	\$0	0		D	
Units	\$0	00/10/2021		IVI			90,864(-)(-)	'	(0)		(3)	Stock	"	J,004\ /\-/	Φυ	"		ע	

Explanation of Responses:

- 1. On August 10, 2021, the reporting person received 96,864 shares of common stock of the issuer in settlement of restricted stock units (RSUs), which vested on June 18, 2021.
- 2. Each RSU represented a contingent right to receive one share of issuer common stock upon settlement.
- 3. The RSUs vested on June 18, 2021.

08/12/2021 /s/ Cooper C. Collins

** 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.