FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
---------------	------------

neck this box if no longer subject
Section 16. Form 4 or Form 5
oligations may continue. See
etruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 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* Thompson Tommy G						2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]										ck all app	,	ting Pe	()	Issuer Owner		
(Last) 951 YAN	Last) (First) (Middle) 251 YAMATO ROAD, SUITE 220						3. Date of Earliest Transaction (Month/Day/Year) 05/14/2021									Office below	er (give titl v)	tle Other below		(specify /)		
(Street) BOCA RATON FL 33431 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
Date				2. Transaction Date (Month/Day)		if any	ıtion Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				Beneficially Owned Followi		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)					
Common Stock 05/1-					05/14/20)21				P		5,000	A	\$1.06	6(1) 704		1,600			See Footnote ⁽²⁾		
Common Stock															1,0		,001			See Footnote ⁽³⁾		
Common Stock																3,555		D				
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	on se	3. Transaction Date (Month/Day/Year)	Execution Date,			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/	ate Amou Year) Secur Under Deriva		nount of curities derlying (erivative curity (Instr.		Price of erivative ecurity nstr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)		
						Code	v	(A)	(D)	Date Exercisable		Expiration Date		or Number of Shares								

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The reported securities were purchased in multiple transactions with prices ranging from \$1.055 to \$1.06 for an average weighted sale price of \$1.06. The reporting person undertakes to provide the issuer, any security holder of the issuer 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 in this footnote.
- 2. The reported securities are owned by Thompson Family Investments, LLC, an entity solely owned by Thompson Family Holdings, LLC, an entity solely owned by Mr. Thompson.
- 3. The reported securities are owned by Thompson Family Holdings, LLC, an entity solely owned by Mr. Thompson.

05/18/2021 /s/ Tommy G. Thompson

** Signature of Reporting Person

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.