SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* 2. Date of Event Requiring Statement (Month/Day/Year) 10/04/2011				ement	3. Issuer Name and Ticker or Trading Symbol <u>TherapeuticsMD</u> , Inc. [AMHND]							
(Last) (First) (Middle) 951 BROKEN SOUND PARKWAY NW SUITE 320				4. Relationship of Reporting Perso (Check all applicable) X Director X Officer (give title			()		5. If Amendment, Date of Original Filed (Month/Day/Year)6. Individual or Joint/Group Filing (Check			
(Street) BOCA RATON (City)	FL (State)	33487 (Zip)				below) Chief Execut	ive (,		Applic X	,	Y One Reporting Person Y More than One Prson
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						22,161,586		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expirati			Expiration Da	Date Exercisable and xpiration Date Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security			4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	
Non-qualified Stock Option		02/01/2009 ⁽¹⁾	01/01/2019		Common Stock		1,472,910 0.102		18	D		

Explanation of Responses:

1. Option vests at the rate of 40,914 shares per month over the first three years from the date of issuance. Shares vested to date are 1,391,082. This option was assumed and re-issued pursuant to the Merger Agreement between the Company and VitaMedMD, LLC which closed on October 4, 2011.

/s/ Robert G. Finizio

10/11/2011

** 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 5 (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.