FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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*  Barlow Jane F					2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [ TXMD ]							Relationship of Reporting Person(s) to Issuer: heck all applicable)  X Director 10% Owner				
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD FL.					3. Date of Earliest Transaction (Month/Day/Year) 06/20/2019							Officer (give title Other (specify below) below)				pecify
(Street) BOCA RATON FL 33487 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transa Date				ransaction	Execution Date,			3. Transactio	4. Securi		5. Amount of Securities Beneficially Owned Following		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code V	Amount	(A) oi (D)	Price	Reported Transact (Instr. 3 a	ction(s)				
		-	Table II - Deı e.ç)					uired, Dis , options,				Owned				
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/Yea	Code (Inst				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)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to	\$2.64	06/20/2019		A		75,000		06/20/2020	06/20/2029	Common Stock	75,000	\$0	75,000	0	D	

**Explanation of Responses:** 

/s/ Jane F. Barlow

06/24/2019

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).