FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

**OMB APPROVAL** OMB Number: 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

1. Name and Address of Reporting Person*  Russell Angus C.						2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [ TXMD ]								eck all ap	plicable ctor	e)	erson(s) to Iss	vner
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, THIRD FLOOR					06	3. Date of Earliest Transaction (Month/Day/Year) 06/20/2019  4. If Amendment, Date of Original Filed (Month/Day/Year)							6.11	bel	,		Other (s	
	ATON I		33487		-   4.1	4. II Amendinent, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(	•	(Zip) ole I - Non	-Deriv	vativ	e Se	curities	. Ac	auired. D	isn	osed o	f. or Bei	neficial	v Own	ed Ped			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			saction	2A. Deemed Execution Date,		3. Transacti Code (Ins	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		ed (A) or	or 5. Amou		For (D)	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	,	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)			(Instr. 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	ate Execution Da		Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		Number of rivative curities neficially med llowing ported unsaction(s) str. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration ate	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$2.64	06/20/2019			A		75,000		06/20/2020	06	6/20/2029	Common Stock	75,000	\$0		75,000	D	

**Explanation of Responses:** 

/s/ Angus C. Russell

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).