FORM 4

UNITED STATES SECU

Washington, D.C. 20549

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OIVID APPROVAL										
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(-, -	oc motraction																		
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)					
Comis Cooper C.						/								1	Direc	tor		10% Ov	vner
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Office	er (give title v)		Other (s	specify
951 YAMATO ROAD						08/21/2024													
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																			
SUITE 220					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														ine)	F	£11 h O	- D	ti D	
	ATON E	т з	2/21											Form filed by One Reporting Person					
———	BOCA RATON FL 33431												Form filed by More than One Reporting Person						
(City)	(\$	State) (Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of	Security (In	str. 3)		2. Transaction	Execution Date,			3. 4. Securities Acquired (A) o Transaction Disposed Of (D) (Instr. 3, 4 a				ed (A) or tr. 3, 4 and	and 5) Securities		ties	6. Ownership Form: Direct		7. Nature of Indirect	
(Month/Day/Yo						ear) if any Code (Instr. (Month/Day/Year) 8)					Beneficially Owned Following					Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 08/21/202					24				P		1,200	A	\$1.698	38(1)	4	7,922		D	
	T.I. II. D																		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative	2. Conversion		Exec	Deemed cution Date,	4. Transa		5. Number of		Expiration Date		7. Title and Amount of		8. Price of Derivative Security		9. Number of derivative		10. Ownership	11. Nature of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any	y nth/Day/Year)	Code (Instr. 8)		Derivative Securities					Unde	Securities Underlying		urity tr. 5)	Securities Beneficially	у [Form: Direct (D)	Beneficial Ownership
	Derivative					Acquired (A) or						Derivative Security (Instr.		Owned Following		or Indirect	or Indirect (I) (Instr. 4)	(Instr. 4)	
								Disposed					4) `			Reported Transaction(s	- 1	1	
							of (D) (Instr. 3, 4							_		(Instr. 4)	"(5)		
					<u> </u>		and 5)				1								
													Amount						
									Frankrati		Number								
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	of Shares						

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices of \$1.685 through \$1.70, inclusive. The reporting person undertakes to provide to TherapeuticsMD, Inc., any security holder of TherapeuticsMD, Inc., 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.

/s/ Cooper C. Collins

08/23/2024

** 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.