FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

7								
	OMB APPRO	OVAL						
	OMB Number:	3235- 0104						
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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 Ling Kar	Address of Repo	orting Person*	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 04/16/2020 3. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]								
(Last) (First) (Middle) 951 YAMATO ROAD					Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)				
SUITE 220					X Director Officer (give title below)	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BOCA RATON	FL	33431			title below)	Delow)		X	Person	by One Reporting by More than One Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
		Та	ble I - Non	-Derivati	ve Securities Benefi	cially O	wned					
1. Title of Sec	curity (Instr. 4)	Та	ble I - Non	:	ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownor Form: I (D) or II (I) (Inst	ership Direct ndirect		ture of Indire ership (Instr.			
1. Title of Sec	curity (Instr. 4)		Table II - D	erivative	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Insti	ership Direct ndirect r. 5)	Owne				
	curity (Instr. 4)	(e.g.	Table II - D	Perivative Is, warran	2. Amount of Securities Beneficially Owned (Instr. 4) Securities Beneficia	3. Owner Form: I (D) or II (I) (Institute ally Owrible secretarities	ership Direct ndirect r. 5)	Owner sion cise				

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

<u>/s/ Karen Ling</u> <u>04/22/2020</u>

** Signature of Reporting

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.