FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL												
l	OMB Number:	3235-0287											
l	Estimated average burden												
l	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

(Last)	nd Address of n Mitchel (Fi OKEN SOU DOR	3. C 01/	Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD] 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				pecify Dicable			
BOCA RATON FL 33487 (City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/V						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a) Secur Benef Owne	cially I Following	Form (D) o	n: Direct c r Indirect E sstr. 4) (7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)
Common	Stock	2014)14			М		7,500	A	\$0.187	'4	7,500		D				
Common	Stock	2014)14		S ⁽¹⁾		7,500	D	\$5.7262	0(2)	0		D					
		Т	able II								posed of, converti			/ Owned			·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			4. Transa Code (8)				6. Date Exercis Expiration Date (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		is Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to	\$0.1874	01/13/2014			M			7,500	10/04/20	011	05/01/2020	Common Stock	7,500	\$0	158,20)3	D	

Explanation of Responses:

/s/ Mitchell Krassan 01/15/2014

** 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.

 $^{1.\} The\ shares\ were\ sold\ pursuant\ to\ a\ 10b5-1\ Sales\ Plan\ dated\ December\ 9,\ 2013.$

^{2.} The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.70 to \$5.76, inclusive. The reporting person undertakes to provide TherapeuticsMD, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.