FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington.	D.C.	20549	

STATEMENT	OF CHAN	NGES IN BE	NEFICIAL (OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
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

Name and Address of Reporting Person* DArecca James			_ <u>Th</u>	2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]							ck all applica Director Officer (tionship of Reporting all applicable) Director Officer (give title		10% Ow Other (s	vner			
(Last) 951 YAM	`	(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2020						Chief Financial Officer										
(Street) BOCA RA	ATON FL		33431 Zip)		- 4. If	f Ame	ndment, Da	ate of	Original F	iled ((Month/Day	/Year)	6. Ind Line)		ed by One	Repor	Check Appl ting Person One Report	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date (Month)				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4)			5. Amount Securities Beneficial Owned Fo Reported	Form: ly (D) or		Direct Indirect It. 4)	7. Nature of ndirect Beneficial Ownership (Instr. 4)					
					Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				,iiisii. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,		nsaction Derivative		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. Numbe derivative Securities Beneficia Owned Following Reported Transactio	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Performance Stock Units	\$0	06/18/2020			A		151,500		(1)		(1)	Common Stock	151,500	\$0	151,50	00	D	
Restricted Stock Units	\$0	06/18/2020			A		651,500		(2)		(2)	Common Stock	651,500	\$0	651,50	00	D	

Explanation of Responses:

1. The performance stock units (PSUs) vest upon the issuer achieving break-even of quarterly earnings before interest, taxes, depreciation and amortization (EBITDA) for a fiscal quarter no later than the quarter ending December 31, 2022, otherwise the PSUs will be forfeited. In accordance with the terms of the issuer's 2019 Stock Incentive Plan, no PSUs will vest prior to the one-year anniversary of the grant date. Each PSU represents a contingent right to receive one share of common stock of the issuer.

2. Each restricted stock unit (RSU) represents a contingent right to receive one share of common stock of the issuer. The RSUs will vest in three equal installments annually beginning June 1, 2021 (the one-year anniversary of the date of the reporting person's appointment as Chief Financial Officer), becoming fully vested on June 1, 2023.

06/19/2020 /s/ James D'Arecca

** 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.