TherapeuticsMD, Inc. Form 4 May 12, 2014

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * Finizio Robert G			2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]	5. Relationship of Reporting Person(s) to Issuer		
(Last) 6800 BROKEN NW, 3RD FLO		(Middle)	05/09/2014	(Check all applicable) _X_ Director 10% Owner _X_ Officer (give title Other (specify below) CEO		
BOCA RATON	(Street) N, FL 33487	7	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

		Table	: I - Mull-D	erivative So	ecuriues Acq	lan ea, Disposea o	n, or belieficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securiti	es Acquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	posed of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)		Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned	Indirect (I)	Ownership
						Following	(Instr. 4)	(Instr. 4)
					(4)	Reported		
					(A)	Transaction(s)		
			α . α		or	(Instr. 3 and 4)		
			Code V	Amount	(D) Price			

Common 05/09/2014 M 31,526 A \$3 21,061,059 D Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table I. Non Derivative Securities Acquired Disposed of or Reneficially Owned

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D)	Expiration Date Und (Month/Day/Year) (Ins		Underlying	Title and Amou nderlying Securinstr. 3 and 4)	
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amo or Nun of S	
Non-qualified Stock Option (right to buy)	\$3	05/09/2014		M	31,526	11/30/2013	11/30/2022	Common Stock	31,	

Reporting Owners

Reporting Owner Name / Address	Relationships					
****	Director	10% Owner	Officer	Other		
Finizio Robert G 6800 BROKEN SOUND PKWY NW 3RD FLOOR BOCA RATON, FL 33487	X		CEO			

Signatures

/s/ Robert G.
Finizio

**Signature of Reporting Person

O5/12/2014

Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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