TherapeuticsMD, Inc. Form 4
February 12, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

Number: 3235-0287

January 31,

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5 Dalatianship of Danastina Danasn(a) to

X Form filed by One Reporting Person ____ Form filed by More than One Reporting

Person

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

(Print or Type Responses)

1(b).

Krassan Mitchell			2. Issuer Name and Ticker or Trading Symbol	Issuer			
			TherapeuticsMD, Inc. [TXMD]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
			(Month/Day/Year)	Director	10% Owner		
6800 BROK	EN SOUND		02/10/2014	_X_ Officer (give title _			
PARKWAY	NW, 3RD F	FLOOR		below) be EVP, Chief Stra	elow) ategy Officer		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed (Month/Day/Vear)	Applicable Line)			

BOCA RATON, FL 33487

(State)

(Zin)

(City)

1 Name and Address of Departing De

(City)	(State)	(Zip) Tabl	le I - Non-l	Derivative	Secu	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/10/2014		M	7,500	A	\$ 0.1874	7,500	D	
Common Stock	02/10/2014		S <u>(1)</u>	7,500	D	\$ 6.3357 (2)	0	D	

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

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SEC 1474

(9-02)

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

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	urities (Month/Day/Year) uired or oosed of tr. 3, 4,		Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy)	\$ 0.1874	02/10/2014		M	7,500	10/04/2011	05/01/2020	Common Stock	7,5

Reporting Owners

2.

Reporting Owner Name / Address Relationships

3. Transaction Date 3A. Deemed

Director 10% Owner Officer Other

Krassan Mitchell 6800 BROKEN SOUND PARKWAY NW 3RD FLOOR BOCA RATON, FL 33487

EVP, Chief Strategy Officer

6. Date Exercisable and

7. Title and Amour

Signatures

1. Title of

/s/ Mitchell Krassan 02/12/2014

**Signature of Date
Reporting Person

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).
- (1) The shares were sold pursuant to a 10b5-1 Sales Plan dated December 9, 2013.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.28 to \$6.41, inclusive. The reporting person undertakes to provide TherapeuticsMD, Inc. (the "Company"), any security holder of the

(2) 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.

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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