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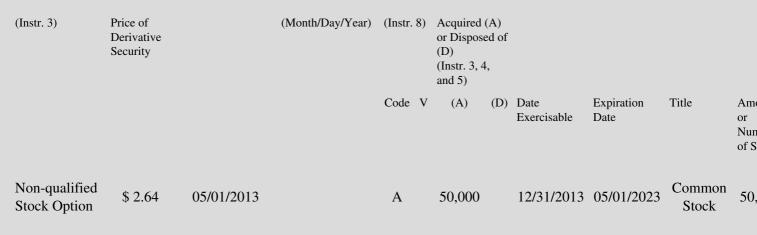
Bernick Bri Form 4 May 03, 20										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							PPROVAL			
Check t if no lor	nger STATEN	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSH						Number: Expires:	3235-0287 January 31, 2005	
Subject to Section 16. Form 4 or			SECURITIES					burden hou response	Estimated average burden hours per response 0.5	
Form 5 obligations may continue. See Instruction 1(b). 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. Name and Address of Reporting Person [*] Bernick Brian			2. Issuer Name and Ticker or Trading Symbol TherapeuticsMD, Inc. [TXMD]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of Earliest Transaction (Check			eck all applicabl	all applicable)			
951 BROK NW, SUIT	EN SOUND PAF E 320	RKWAY	(Month/ 05/01/2	Day/Year) 2013			X Director Officer (giv below)		% Owner her (specify	
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)			al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
BOCA RA	TON, FL 33487							More than One R		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, -	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
D 1 1 5		C 1 1	0	Code V		(D) Price				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene			or indirectly.	ction of	SEC 1474	
					inforr	nation cont	tained in this form	n are not	(9-02)	

displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securi
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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Reporting Owners

Reporting Owner	Relationships					
informing o with	Director	10% Owner	Officer	Other		
Bernick Brian 951 BROKEN SOUN SUITE 320 BOCA RATON, FL 3	Х					
Signatures						
/s/ Brian Bernick	05/03/2013					
<u>**</u> Signature of Reporting Person	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.