SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

								; investmen		inpairiy / ie								
1. Name and Address of Reporting Person [*] Naughton Gail K					2. Issuer Name and Ticker or Trading Symbol <u>TherapeuticsMD, Inc.</u> [TXMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														tor		10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/17/2023									er (give title /)		Other (s below)	specify	
951 YAMATO ROAD				4 If.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
SUITE 220			4. 11	4. If Amenument, Date of Original Filed (Month/Day/Year)								Line)						
	.20												X Form	filed by One	e Rep	orting Perso	n	
(Street) BOCA RATON FL 33431													Form filed by More than One Reporting Person					
		Бл	Rule 10b5-1(c) Transaction Indication															
	-		<u></u>	_ Ku														
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 1005-1(c). See Instruction 10.													
					satisfy	/ the affir	rmativ	e defense co	nditio	ns of Rule	10b5-1(c).	See Instru	ction 10.					
		Tabl	e I - Non-Der	vative	Sec	uritie	s Ac	quired,	Disp	posed	of, or B	eneficia	ally Owne	ed				
1. Title of s	Security (Ins	tr. 3)		saction													7. Nature	
			Date (Mont	n/Day/Year	Execution Date			, Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			nstr. 3, 4 a	, 4 and Securities Fo Beneficially (D				of Indirect Beneficial		
					(Month/Day/Yea								Owned Following		(I) (Instr. 4) (Ownership	
								Code	v	Amount (A) or F		or Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
											(D)		(Instr. :	and 4)				
		Ta	able II - Deriv											I				
	-		(e.g.,	puts, c	alls	, warr	ants	s, option	s, c	onvert	ible sec	urities		-			-	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (I	4. Transaction Code (Instr. 8)		nber itive ities red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	1					
Restricted Stock Unit	\$0.00	07/17/2023		A		8,500		(1)		(1)	Common Stock	8,500	\$0.00	8,500		D		
Even la matia	n of Bocnon																	

Explanation of Responses:

1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock of the Issuer. The RSU's will vest on July 17, 2024.

Remarks:

<u>/s/ Gail K. Naughton, Ph.D.</u>

** Signature of Reporting Person

07/19/2023 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.