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

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): October 7, 2013

TherapeuticsMD, Inc.
(Exact Name of Registrant as Specified in its Charter)

Nevada	**000-16731**	**87-0233535**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

6800 Broken Sound Parkway NW, 3rd Floor
Boca Raton, FL 33487
(Address of Principal Executive Office) (Zip Code)

Registrant's telephone number, including area code: (561) 961-1900

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2 below):

£ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

£ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

£ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

£ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

We are furnishing this Current Report on Form 8-K in connection with the disclosure of information, in the form of the textual information from a PowerPoint presentation to be given at meetings with institutional investors or analysts. This information may be amended or updated at any time and from time to time through another Form 8-K, a later company filing, or other means. The PowerPoint presentation attached as Exhibit 99.1 to this Current Report on Form 8-K updates and replaces in its entirety all prior PowerPoint presentations filed by us.

The information in this Current Report on Form 8-K (including the exhibit) is furnished pursuant to Item 7.01 and shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities of that section. This Current Report on Form 8-K will not be deemed an admission as to the materiality of any information in the Report that is required to be disclosed solely by Regulation FD.

We do not have, and expressly disclaim, any obligation to release publicly any updates or any changes in our expectations or any change in events, conditions, or circumstances on which any forward-looking statement is based.

The text included with this Report on Form 8-K is available on our website located at *www.therapeuticsmd.com*, although we reserve the right to discontinue that availability at any time.

Item 9.01. Financial Statements and Exhibits.

(d) *Exhibits.*

Exhibit Number	Description
99.1	TherapeuticsMD, Inc. presentation dated October 2013.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: October 7, 2013

THERAPEUTICSMD, INC.

By: */s/ Daniel A. Cartwright*
Name: Daniel A. Cartwright
Title: Chief Financial Officer

EXHIBIT INDEX

Exhibit Number	Description
99.1	TherapeuticsMD, Inc. presentation dated October 2013.

TherapeuticsMD®

TXMD Corporate Overview

October 2013

Forward-Looking Statements

This presentation includes forward-looking statements covered by the safe harbor provision of the Private Securities Litigation Reform Act of 1995, including predictions, estimates, and other information that might be considered forward-looking. While these forward-looking statements represent TherapeuticsMD, Inc.'s ("TherapeuticsMD," "we," "us," and "our") current judgment on what the future holds, they are subject to risks and uncertainties, many of which are outside our control, that could cause actual results to differ materially from the results discussed in the forward-looking statements.

You are cautioned not to place undue reliance on these forward-looking statements, which reflect our opinions only as of the date of this presentation. Please keep in mind that we are not obligating ourselves to revise or publicly release the results of any revision to these forward-looking statements in light of new information, future events, or otherwise.

Throughout this presentation, we will attempt to present some important factors relating to our business that may affect our predictions. You should also review our most recent Form 10-K, Form 10-Q, our Form 8-K, and our other filings with the Securities and Exchange Commission, for a more complete discussion of these factors and other risks, particularly under the heading "Risk Factors." A PDF copy of our press releases and financial tables can be viewed and downloaded on the TherapeuticsMD website: **www.therapeuticsmd.com/InvestorRelations.aspx.**

TherapeuticsMD®

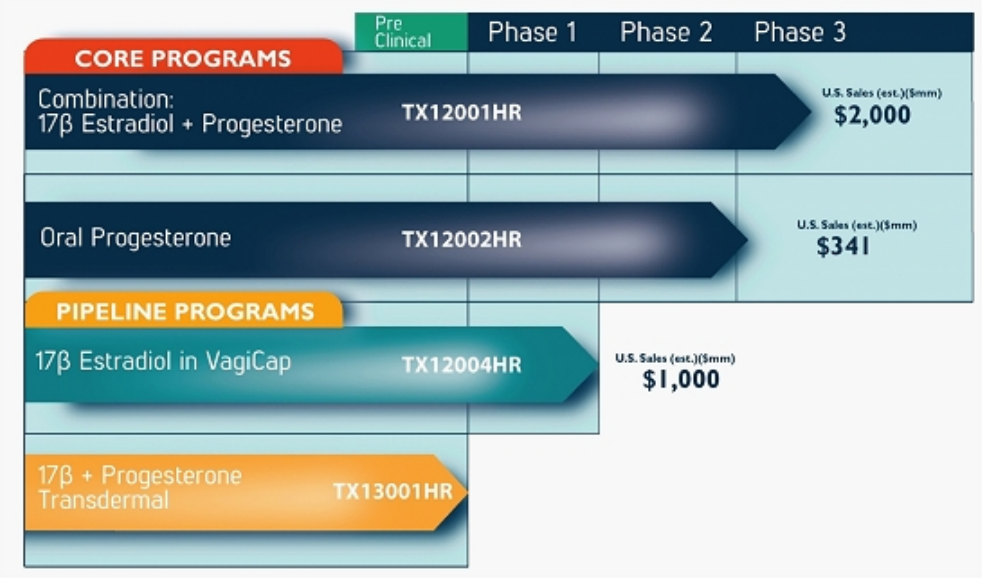
Company Overview

TXMD Company History

- **Founded in May of 2008**
- **Originally a prenatal vitamin company**
- **Recently listed on NYSE MKT under "TXMD"**
- **Shares outstanding: 145 million**
- **Well-capitalized – approximately $64.4 million in cash; no debt**
- **Strong board with blue-chip institutional holders**
  - Gov. Tommy Thompson, Jules Musing, Ernest Mario (investor)
  - Wellington, Fidelity, Franklin Templeton, RA Capital, UBS O'Connor, Broadfin
  - Member of the Russell 2000

Innovative Women's Healthcare Company

- **Two late-stage 505(b)(2) proposed hormone therapy ("HT") products targeting a multi-billion dollar U.S. market** (1)(2)



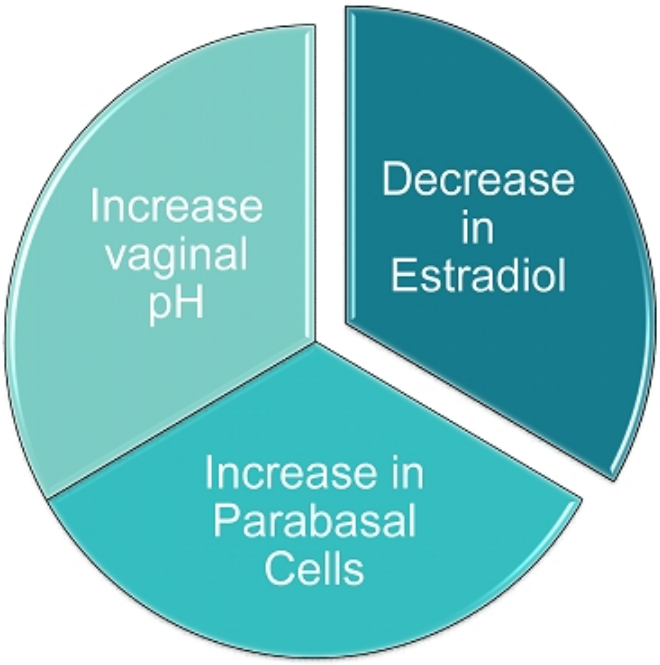
(1) Phast Prescription Monthly by Source Healthcare Analytics.
(2) Estimates per: Dr. Loyd Allen Jr., Editor-in-Chief of the International Journal of Pharmaceutical Compounding; Tom Murry, Executive Director of the Pharmaceutical Compounding Accreditation Board; and Wulf Utian, Consultant on Gynecology and Women's Health at The Cleveland Clinic and Executive Director Emeritus and Honorary Founding President of The North American Menopause Society ("NAMS").

TherapeuticsMD®

Vulvar / Vaginal Atrophy (VVA)

Mechanism of Vulvovaginal Atrophy

- Decreased Estradiol levels cause a reduction in superficial cells
- Parabasal cells increase
- Vagina changes from acidic to basic (increased pH)
- Burning, dyspareunia, UTI, itching are the most common symptoms
- Chronic condition that requires ongoing therapy for the rest of a woman's life



TherapeuticsMD

VVA Market

- **The North American Menopause Society (NAMS)** Position Statement "Management of Symptomatic Vulvovaginal Atrophy (VVA)," … affecting ***nearly 50% of women***; … ***low-dose vaginal estrogen is the preferred treatment*** and may be continued as long as the symptoms are present.[1]

- ASD analysis indicates that the global postmenopausal vaginal atrophy therapeutics market was worth ***$1.6 Billion in 2011***[2]

- Market is expected to grow at a CAGR of 8.5% during 2011-2019 to ***$3.1 Billion in 2019***[2]

(1) The Journal of the North American Menopause Society, Vol. 20, No. 9, pp. 888-902 (2013)
(2) https://www.asdreports.com/news.asp?pr_id=420 from GlobalData 2/12 report

US Sales - Vulvar / Vaginal Atrophy

Product	Compound	U.S. Sales (est.) ($mm) [1][2]	Problems
Premarin® Cream	Conjugated equine vaginal estrogen	$350	Equine source Non-bioidentical Messy Reusable plungers
Vagifem® Tablets	Vaginal estradiol	$286	Messy
Estring® Insert		$77	Reusable plungers
Femring® Insert		$23	Difficult to use
Estrace® Cream		$264	Continuous-use device
Total Sales		**$1,000**	

US Sales Grew 22% 6/12-6/13[3]

Market is expected to grow at a CAGR of 8.5% during 2011-2019 to *$3,144.3M in 2019*[4]

TherapeuticsMD

(1) Phast Prescription Monthly by Source Healthcare Analytics.
(2) Based on last twelve months sales through June 30, 2013.
(3) Source Healthcare Analytics
(4) GlobalData 2/12 report https:www/asdreports.com/news.asp?pr_id=420

Leading Estrogen Products vs. TXMD

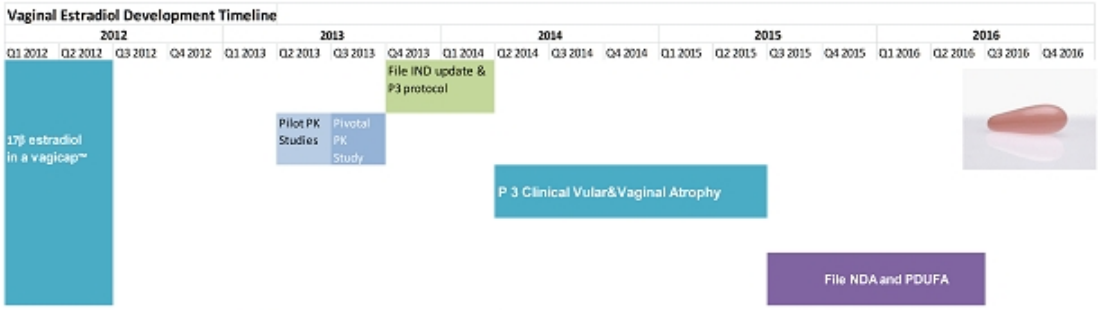
TXMD Solution

"vagiCap™"

- Less messy than creams and burning sensation eliminated
- Easier to use, not requiring a long-term device
- Flexibility of dosing with 0.01 mg & 0.025 mg

TherapeuticsMD

Estradiol Vaginal Suppository – P1 Update 8-22-2013

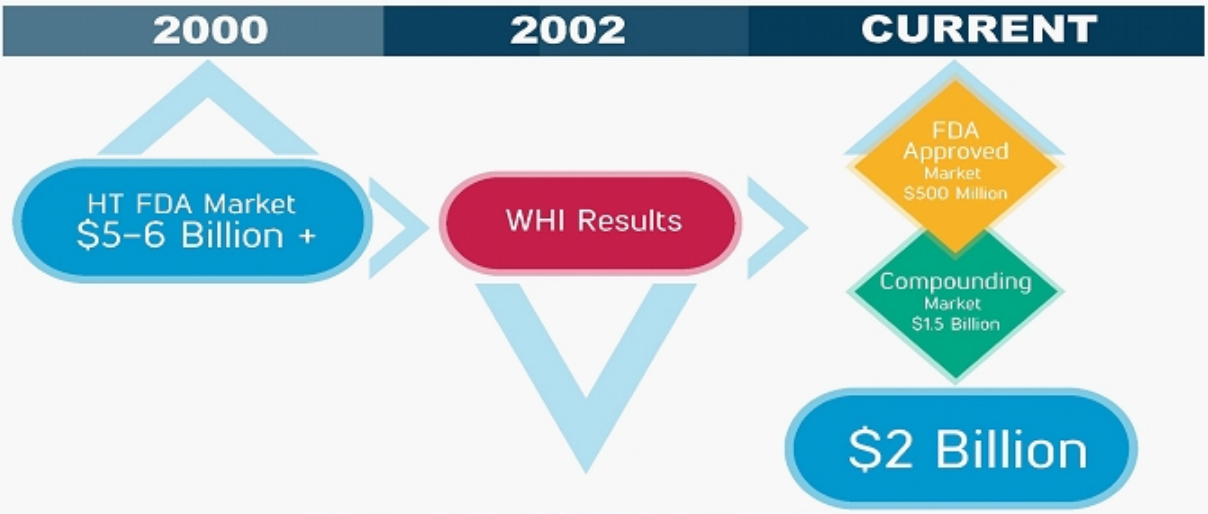


Study – Estradiol	Cost ($mm)	Phase 3 Trial
Phase 3	$14.4	Trial: 12 weeks Sites: 30-40 Subjects: 375-400 – 2 active arms (150 per arm) - 10mcg & 25mcg – 100 placebo
Total	**$15.6**	Endpoints – Cell change – Lowering of pH – Lowering of most bothersome symptoms

TherapeuticsMD®

Combination Product

History of Hormone Therapy



Women's Health Initiative (WHI)

- Hormone Therapy is linked to Cardiovascular, Cancer and other risks
- Estrogen + ***Progestin*** (Prempro) arm had a 24% increase in breast cancer vs. Estrogen alone

TherapeuticsMD

(1) Phast Prescription Monthly by Source Healthcare Analytics.
(2) Estimates per: Dr. Loyd Allen Jr., Editor-in-Chief of the International Journal of Pharmaceutical Compounding; Tom Murry, Executive Director of the Pharmaceutical Compounding Accreditation Board; and Wulf Utian, Consultant on Gynecology and Women's Health at The Cleveland Clinic and Executive Director Emeritus and Honorary Founding President of The North American Menopause Society ("NAMS").

Bioidentical Progesterone vs. Non-Bioidentical Progestin

Side Effect [1]	Bioidentical Natural Progesterone	Non-Bioidentical Progestins (MPA, NETA, drosperinone)
Breast cancer	More favorable profile (E3N-EPIC study)	Increased risk
Cardiovascular	More favorable profile (PEPI trial)	Increased risk of MI, stroke, VTE
Lipid profile	More favorable profile (PEPI trial)	Less favorable effects on lipid profile (cholesterol, HDL, LDL, triglycerides)
Glucose / insulin	Improved carbohydrate metabolism (PEPI trial)	Deterioration of glucose tolerance or hyperinsulemia or both
Sleep / mood	Improved sleep efficiency [2]	No benefit on sleep properties
Quality of life	**Improvement in symptoms and overall satisfaction with bioidentical progesterone HT compared to MPA regimen** [3]	

TherapeuticsMD

(1) Alone or in combination with estrogen.
(2) Caufriez, Anne, Rachel Leproult, Mireille L'Hermite-Bale˜riaux, Myriam Kerkhofs, and Georges Copinschi. "Progesterone Prevents Sleep Disturbances and Modulates GH, TSH, and Melatonin Secretion in Postmenopausal Women." J Clin Endocrinol Metab 96.4 (2011): 614-23.
(3) Fitzpatrick, Pace, and Wiita. "Comparison of Regimens Containing Oral Micronized Progesterone or Medroxyprogesterone Acetate on Quality of Life in Postmenopausal Women: A Cross-Sectional Survey." J Womens Health Gend Based Med 9.4 (2000): 381-87.

Estradiol vs. Conjugated Estrogens

JAMA September 30, 2013

- **CEEs** (**Premarin**) were associated with a **higher incident** of **venous thrombosis** and **myocardial infarction** than oral estradiol (1)

JAMA October 3, 2013

- **Breast Cancer Risk persists for 13 years** after discontinuation of CEE (2)

Menopause September 2013

- "**Oral estradiol** may be associated with **a lower risk of stroke** … compared with conventional-dose oral CEE" (3)

(1) Lower Risk of Cardiovascular Events in Postmenopausal Women Taking Oral Estradiol Compared with Oral Conjugated Equine Estrogens (CEE) Smith et al.
(2) Menopausal Hormone Therapy and Health Outcomes During the Intervention and Extended Poststopping Phases of the Women's Health Initiative Randomized Trials Manson et al.
(3) Hormone Therapy Dose, Formulation, Route of Delivery , and Risk of Cardiovascular Events in Women: Findings from the Women's Health Initiative Observational Study Shufelt et al.

Latest Position Statements

British Menopause Society, *2013*
North American Menopause Society, *2012*

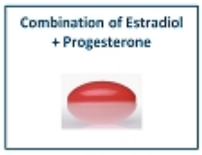
- "HRT prescribed before the age of 60 has a favorable benefit/risk profile." (1)
- "Recent evidence suggests that HRT regimens containing **progesterone** can minimize the metabolic impact and reduce the risk of thromboembolism." (1)
- In a large observational cohort study of French teachers, after five years of use estrogen–**progesterone** combination, HRT was found to be associated with a significantly lower relative risk (neutral for 'ever use' of HRT) than for other types of combined HRT (RR 1.7–2.0)." (1)
- "Data from a large observational study suggest that EPT with micronized **progesterone** carries a low risk of breast cancer with short-term use." (2)

(1) The 2013 British Menopause Society & Women's Health Concern recommendations on hormone replacement therapy. Menopause Int published online May 23, 2013

(2) The 2012 Hormone Therapy Position Statement of The North American Menopause Society. Menopause: The Journal of The North American Menopause Society Vol. 19, No. 3, pp. 257/271

Novel Drug Design

- **Converted (API) from solid / crystalline to a *New Liquid Drug Form***
  - Estrace (RLD) is a tablet — 0.5 mg, 1.0 mg, and 2.0 mg
  - Prometrium (RLD) is in suspension — 100 mg and 200 mg
- **New solubilized drug form**
  - Achieves FDA requirements of uniformity and stability
  - Improved functional effects (improved bioavailability, reduced variability, food effect, lowest effective dose, reduced side-effect profile)
  - Enabling new combinations, routes and dosages (creams, patches, etc.)



☑ **Meet PK 505(b)(2) thresholds**

TherapeuticsMD

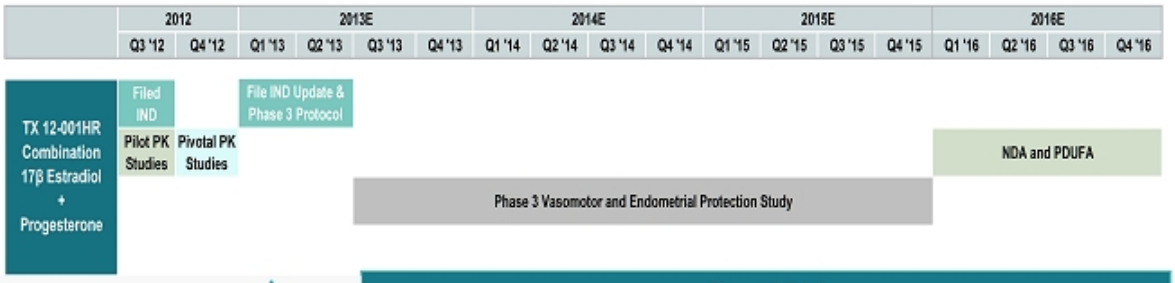
RLD = Reference Listed Drug
API = Active Pharmaceutical Ingredient

TX 12-001HR Combination Potential Benefits

Drug Improvement	General Benefits	Patient Benefits
Receive FDA approved indication	FDA indication / safety and quality assurance	Insurance coverage Safety, quality, and stability
New lower effective doses	Reduced blood levels Better side effect profile	Improved safety
Improved safety profile vs. non-bioidentical progestin	Reduced breast cancer risk Improved cardiovascular and lipid profile	Confidence in treatment regimen
No peanut oil	Non-allergenic Excellent for all patient profiles	No worries about potential allergies
Combined pill vs. 2 pills (E+P sold separately today)	Less risk of dosing errors	One co-pay Increased compliance

Note: Potential improvements and benefits, if approved.

TX 12-001HR Combination— Phase 3 Study



Replenish TRIAL

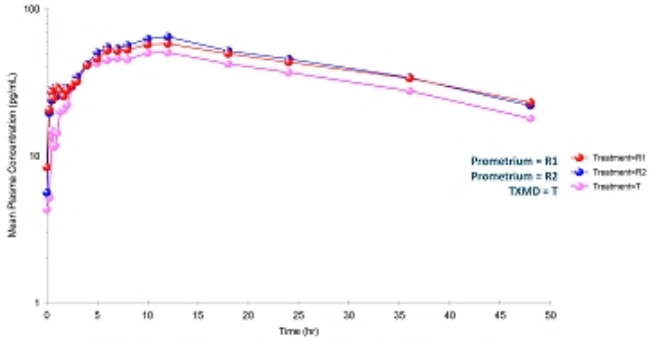
Combination of Estradiol + Progesterone

Phase 3 Trial

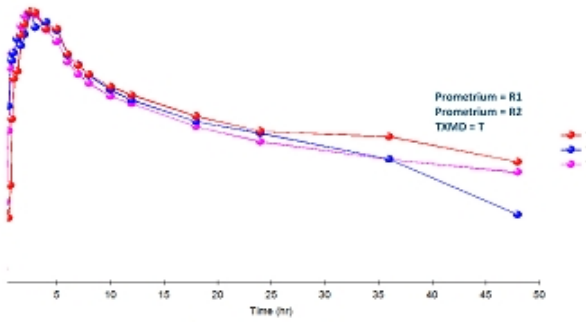
- Study: 12 month study with 12 week VMS
- Sites: ~50 (14 sites active)
- Subjects: 1,550
  - 4 active arms (350 per arm): [1.0mg/100mg, 0.5mg/100mg, 0.5mg/50mg, 0.25mg/50mg]
  - 1 placebo arm (150)
- Estimated cost: $20-$25 million
- Endpoints
  - Vasomotor: number and severity of hot flashes (4 week and 12 weeks)
  - Endometrial safety: incidence of endometrial hyperplasia (12 months)

TXMD 2/200mg E2+P *Single* Gel-Tab vs. Separate 2mg Estrace® tablet + 200mg Prometrium® Capsule

- Based on C_{max} and AUC, both estradiol and progesterone showed relative bioequivalence (N=62)
- Progesterone, delivered in TXMD formulation, had significant reduction of variance between subjects



95% Confidence Interval for PK Parameter

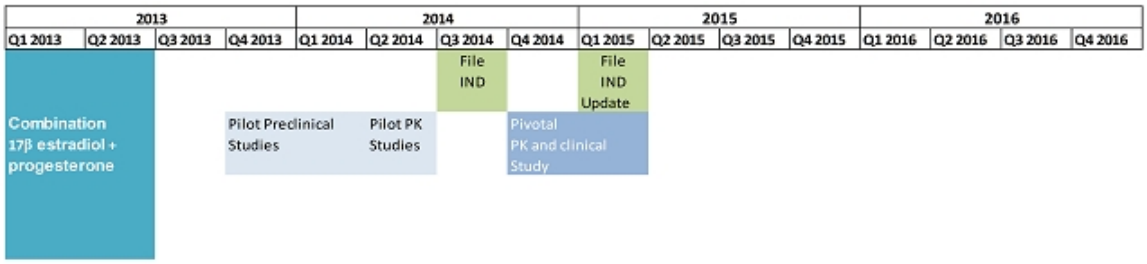


95% Upper Confidence Limit for PK Parameter

Parameter	Point Estimate T/R Ratio	Within Subject Std. Deviation	Upper 95% Confidence Bound
C_{max}	0.88	0.344	-0.040
AUC_{0-t}	0.93	0.409	-0.089

Parameter	Point Estimate T/R Ratio	Within Subject Std. Deviation	Upper 95% Confidence Bound
C_{max}	1.16	1.179	-0.785
AUC_{0-t}	1.05	0.956	-0.542

Combination Transdermal Development



Study – Combination	Cost ($mm)	Details
CMC / Delivery Development	$5.0	▪ Formulation testing; Pilot PK w/ multi measures – blood, saliva, capillary ▪ Multi PK measures w/ endometrial biopsy ▪ Patch and topical cream development
Preclinical pilot/PK	$1.5	
Pivotal PK w/ clinical	$3.5	
Total	**$10.0**	

FDA Approved Products in Use Lack Innovation

- All FDA approved products in use contain ***non-bioidentical*** progestins

Product	Progestin	U.S. Sales (est.) ($mm)	Intl Sales ($mm) (4)	Company
17β Estradiol + NETA / Drospirenone (Activella / FemHRT / Angeliq / others)	*Non-bioidentical*	$222 (1)(2)		Warner Chilcott, Bayer, novo nordisk
Premarin + MPA (Prempro / Premphase)	*Non-bioidentical*	$313 (1)(2)		Pfizer
Estradiol + Progesterone (custom compounded)	**Untested Bioidentical**	$1,500 (3)		**Not FDA approved**
Total Oral Combination Sales		**$2,000**	**$489**	

TherapeuticsMD

Notes: All FDA approved combination products in use contain a non-bioidentical progestin.
(1) Phast Prescription Monthly by Source Healthcare Analytics.
(2) Based on last twelve months sales through June 30, 2012, and estimated sales from July 1 through December 31, 2012.
(3) Estimate per Wulf Utian, Executive Director Emeritus and Honorary Founding President of NAMS.
(4) IMS Data (Euro Conversion at 1.2875)

TherapeuticsMD®

New Lower Dose Progesterone

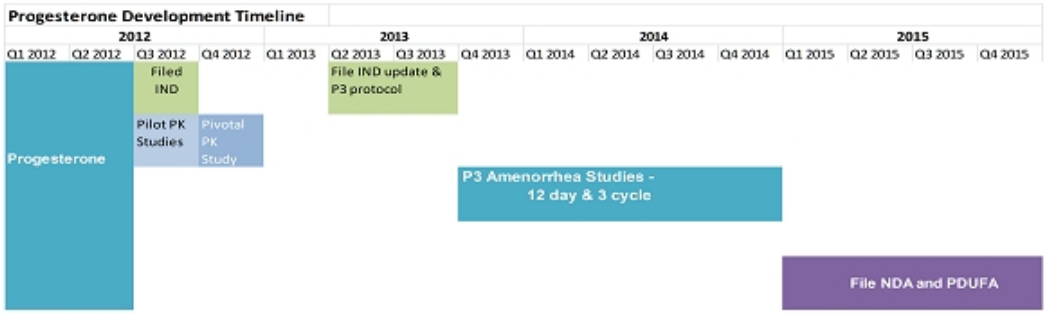
TX 12-002HR Progesterone Highlights

- Conducted PK studies in accordance with FDA requirements
- TXMD 150 mg test dose found to be bioequivalent to 200 mg Prometrium®

Product Goals

- Lower first-pass effect, less metabolites = 25% Increase in bioavailability
- Lower blood level = TXMD target dose 225mg vs. 400mg Prometrium®
- Non-allergenic = removed peanut oil

TX 12-002HR Progesterone—Phase 3 Study



THE spry TRIAL

Phase 3 Trial

- Trial: 1 study, 3 cycles – estrogen priming and 2 progesterone treatment cycles
- Sites: 10-15 each
- Subject: 180
  - 3 arms (60 per arm): 225mg, 300mg, Placebo
- Estimated cost: $5-$8 million
- RLD = 400 mg
- Endpoints = Withdrawal bleeding and secretory change

Natural Progesterone Dominates

Product	Progestin	U.S. Sales (est.) ($mm) (1)(2)	INTL Sales (3)	Company	Generic Available
Provera® (medroxyprogesterone acetate)	***Non-bioidentical***	**$26**		MERCK	✓
Aygestin® (norethindrone acetate)	***Non-bioidentical***	**$46**		TEVA	✓
Prometrium® (micronized progesterone)	**Bioidentical**	**$269**		Abbott A Promise for Life; BESINS HEALTHCARE	✓
Total Oral Progestin Sales		**$341**	**$600**		

TherapeuticsMD

(1) Phast Prescription Monthly by Source Healthcare Analytics.
(2) Based on last twelve months sales through June 30, 2013.
(3) IMS Data

Extensive Patent Filings - Therapeutics

Title	Application(s)	Earliest Filing Date	Projected Expiry [1]	Status
Oral Combination Therapeutics				
Natural E+P HT Combination	➢ US Provisional ➢ US Non-Provisional ➢ PCT	23-Nov-2011	Nov-2032	*US – Case under Accelerated Exam; Final Office Action received; Interviewed at USPTO* *PCT –Int'l Search Report received*
Natural Combination HT and Formulations	➢ US Non-Provisional ➢ PCT	18-June-2012	Nov-2032	*US – Awaiting First Office Action* *PCT – Awaiting Int'l Search Report*
Vaginal Suppository Applications (VVA)				
Soluble Estradiol Capsule for Vaginal Insertion	➢ US Provisional ➢ PCT	21-Dec-2012	Nov-2032	*PCT – Awaiting Int'l Search Report*
Oral Solo Therapeutics				
Progesterone Formulations	➢ US Provisional ➢ PCT	20-Jun-2012	Nov-2032	*PCT – Awaiting Int'l Search Report*
Estradiol Formulations	➢ US Provisional	18-Jun-2012	Expired	*Not Applicable*
Transdermal Applications				
Transdermal HT Combination	➢ US Provisional ➢ PCT	26-Jan-2012	Nov-2032	*PCT – Int'l Search Report received*
Transdermal HT	➢ US Non-Provisional ➢ PCT	18-June-2012	Nov-2032	*US – Awaiting First Office Action* *PCT – Awaiting Int'l Search Report*

(1) Projected expiry based on standard 20-year patent term; patent term adjustment, extension, and/or foreign equivalent considered separately .

Extensive Patent Filings - Other

Title	Application(s)	Earliest Filing Date	Projected Expiry [1]	Status
	Opera Software			
System and Method of Ongoing Evaluation Reporting and Analysis	➢ US Non-Provisional	17-Sept-2009	Sept-2029	*US – Allowed*
System and Method for Distributor Reporting and Analysis	➢ US Non-Provisional	17-Sept-2009	Sept-2029	*US – Awaiting First Office Action*

(1) Projected expiry based on standard 20-year patent term; patent term adjustment, extension, and/or foreign equivalent considered separately .

Experienced Management and Drug Development Team

Management

Robert Finizio
Chief Executive Officer

vitaMed	HT	Corporate		
John Milligan *President*	**Julia Amadio** *Chief Product Officer*	**Dan Cartwright** *Chief Financial Officer*	**Dr. Brian Bernick** *Chief Medical Officer and Director*	**Jason Spitz** *Vice President, Marketing*

Board Members and Early Investors

Tommy Thompson *Chairman* *Former Sec HHS & Gov of Wisc*	**Cooper Collins** *Director* *CEO, Pernix*	**Nick Segal** *Director* *Seavest Capital Partners*	**Mario Family Partnership** *Ernest Mario Former CEO of Glaxo*	**Jules Musing** *Former Sr. Executive Johnson & Johnson*

Drug Development Team

- **Julia Amadio and James Pickar, M.D., F.A.C.O.G.**
  - Led development and launch of Prempro®, Premphase®, CombiPatch®, Alesse®, and Crinone®, among others
- **Lisa Rarick, M.D. and Daniel Shames, M.D.**
  - Former division Director of Reproductive and Urologic Products for FDA CDER
- **Fred Sancilio, Ph.D.**
  - Former founder and president of AAI and the innovator of multiple hormone products
- **Steve Fontana, J.D.**
  - Author of the original estradiol patents
- **Bill Mulholland, J.D.**
  - Lead patent attorney; previously, IP counsel at Pfizer

Proven team with a successful track record of creating shareholder value and developing some of the most successful products in the HT and birth control space

Investment Highlights

1	Novel late-stage hormone therapy candidates
2	Clear pivotal trial endpoints / low risk regulatory pathway
3	Compelling, growing market opportunity, especially with recent concerns regarding compounders
4	Recently completed $33 million equity financing
5	Robust, growing patent estate