

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

OMB APPROVAL	
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1. Name and Address of Reporting Person* <u>SEGAL NICHOLAS</u> (Last) (First) (Middle) 707 WESTCHESTER AVENUE, SUITE 401 (Street) WHITE NY 10604 PLAINS (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>TherapeuticsMD, Inc. [TXMD]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 03/26/2014	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/26/2014		S		30,000	D	\$6.6971	215,485	D	
Common Stock	03/26/2014		S		185,298 ⁽¹⁾	D	\$6.6971	225,809 ⁽²⁾	I	By Fourth Generation Private Equity Partners
Common Stock								146,560 ⁽³⁾	I	By Seavest Capital Ventures, LLC

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

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)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (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 Exercisable	Expiration Date					

Explanation of Responses:

- Fourth Generation Private Equity sold 1,600,000 shares of TherapeuticsMD, Inc. (the "Company") common stock. Mr. Segal owns 11.5811% interest, Partners ("FG"), of which Mr. Segal disclaims beneficial ownership of these securities held by FG except to the extent of his pecuniary interest therein.
- Represents Mr. Segal's pro rata portion of 1,949,805 shares of the Company's common stock held directly by FG. Mr. Segal disclaims beneficial ownership of securities held by FG except to the extent of his pecuniary interest therein.
- Represents Mr. Segal's aggregate direct and indirect pro rata portion of 1,600,000 shares of the Company's common stock held by Seavest Capital Ventures, LLC ("Seavest"). Mr. Segal directly holds a 4.995% interest in Seavest and indirectly holds a 4.165% interest in Seavest, through his ownership interest in FG, which owns a 35.964% interest in Seavest. Mr. Segal disclaims beneficial ownership of securities held by Seavest except to the extent of his pecuniary interest therein.

/s/ Nicholas Segal

03/27/2014

** Signature of Reporting Person

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.