TherapeuticsMD, Inc. Form 5

February 14, 2017

FORM 5

OMB APPROVAL

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

3235-0362 Number: January 31, Expires: 2005

OMB

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4 Transactions Reported

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Finizio Robert G Symbol TherapeuticsMD, Inc. [TXMD] (Check all applicable) (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) _X_ Director __X__ 10% Owner _X_ Officer (give title _ Other (specify 12/31/2016 below) below) 6800 BROKEN SOUND PKWY CEO NW, 3RD FLOOR (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting

Filed(Month/Day/Year)

(check applicable line)

BOCA RATON, Â FLÂ 33487

X Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State)	(Zip) Tab	le I - Non-De	rivative Secu	ırities	Acquir	red, Disposed of,	or Beneficial	y 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. Securitie (A) or Disp (Instr. 3, 4)	osed o	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/29/2016	Â	G	165,000	D	\$0	18,651,059 (1)	D	Â
Common Stock	12/30/2016	Â	G	7,500	D	\$0	18,643,559	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	1,827,440	I	See footnote (2)
Common Stock	Â	Â	Â	Â	Â	Â	172,560	I	See footnote

(3)

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

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 control number.

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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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day/ e	on Date Amo Day/Year) Unde Secur		lying	8. Price of Derivative Security (Instr. 5)
				4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of	
				(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Othe			
Finizio Robert G							
6800 BROKEN SOUND PKWY NW	λv	ÂΧ	CEO	â			
3RD FLOOR	ΑΛ	ΑΛ	A CLO	A			
BOCA RATON, FL 33487							

Signatures

/s/ Robert G.
Finizio

**Signature of Reporting Person

O2/14/2017

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).
- (1) Includes 20,000 shares of Common Stock that were inadvertently reported as being disposed of by gift on the Reporting Person's Form 5 filed with the SEC on February 16, 2016.
- (2) By the Reporting Person's Grantor-Retained Annuity Trust (the "Finizio GRAT").
- (3) By Robert Finizio Revocable Trust; these shares were previously reported as held by the Finizio GRAT.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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