

Krassan Mitchell
 Form 3
 October 11, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Krassan Mitchell		(Month/Day/Year)	TherapeuticsMD, Inc. [AMHND]	
(Last)	(First)	(Middle)	10/04/2011	
951 BROKEN SOUND PARKWAY NW, Â SUITE 320			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
BOCA RATON, Â FL Â 33487			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			EVP, Chief Strategy Officer	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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.

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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(Instr. 5)

Non-qualified Stock Option	06/01/2010 ⁽¹⁾	05/01/2020	Common Stock	73,646	\$ 0.1874	D	Â
Non-qualified Stock Option	05/01/2011 ⁽²⁾	05/01/2020	Common Stock	92,057	\$ 0.1874	D	Â
Non-qualified Stock Option	10/01/2010 ⁽³⁾	09/01/2020	Common Stock	736,455	\$ 0.2037	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Krassan Mitchell 951 BROKEN SOUND PARKWAY NW SUITE 320 BOCA RATON, FL 33487	Â	Â	Â EVP, Chief Strategy Officer	Â

Signatures

/s/ Mitchell
Krassan

10/11/2011

**Signature of
Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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) Option vests at the rate of 6,137 shares per month over the first year from the date of issuance. Shares vested to date are 73,646. This option was assumed and re-issued pursuant to the Merger Agreement between the Company and VitaMedMD, LLC which closed on October 4, 2011.

(2) Option vests at the rate of 7,671 shares per month on the anniversary of the date of issuance. Shares vested to date are 92,057. This option was assumed and re-issued pursuant to the Merger Agreement between the Company and VitaMedMD, LLC which closed on October 4, 2011.

(3) Option vests at the rate of 20,457 shares per month over the first three years from the date of issuance. Shares vested to date are 265,942. This option was assumed and re-issued pursuant to the Merger Agreement between the Company and VitaMedMD, LLC which closed on October 4, 2011.

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.