TherapeuticsMD, Inc. Form 5 January 30, 2014

FORM 5

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION								Number:	3235-0	362		
Check this box if no longer subject			Washington, D.C. 20549					Expires:	January	31, 2005		
to Section 16. Form 4 or Form 5 obligations may continue. ANNUA			STATEMENT OF CHANGES IN BENE OWNERSHIP OF SECURITIES				CIAL	Estimated average burden hours per response				
See Instru 1(b). Form 3 H Reported Form 4 Transactic Reported	Filed purs	suant to Section (a) of the Public U 30(h) of the In	tility Holdin	g Compa	ny Act	of 193		n				
Milligan John C.K. IV Symbol			_				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (M	(Month/	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)x				Director	(Check all applicable) rector 10% Owner ficer (give title Other (specify				
6800 BROI NW, 3RD	below)			w)	below) sident, Secretary							
	endment, Date Original onth/Day/Year)			6. Ir	6. Individual or Joint/Group Reporting (check applicable line)							
BOCA RA	ΓON, FL 3348	7					Form Filed by M	One Reporting Po				
(City)	(State)	(Zip) Tab	le I - Non-Deri	ivative Sec	urities A	cquired	d, Disposed of	, or Beneficial	ly 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) (A) or Amount (D) Price		So B O of Fi	Amount of ecurities eneficially byned at end f Issuer's iscal Year (nstr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		ıl		
Common Stock	12/10/2013	Â	G4	50,000	D \$	0 6	,318,018	D	Â			
	port on a separate line ficially owned directly	contained i	n this for	m are no	t requ	ction of infor	ond unless	SEC	2270 9-02)			

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

the form displays a currently valid OMB control number.

Edgar Filing: TherapeuticsMD, Inc. - Form 5

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transaction Code	5. Number of	6. Date Exerc Expiration Do (Month/Day/	ate	7. Title Amou Under	nt of	8. Price of Derivative Security	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e	. va.,	Securi	, ,	(Instr. 5)	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

of D

Is Fi

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Othe			
Milligan John C.K. IV 6800 BROKEN SOUND PRKY NW 3RD FL BOCA RATON, FL 33487	ÂX	Â	President, Secretary	Â			

Signatures

/s/ John C.K.
Milligan, IV

**Signature of Reporting

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).

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.

Reporting Owners 2