

Milligan John C.K. IV
 Form 3
 October 11, 2011

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2011
 Estimated average burden hours per response... 0.5

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	
Milligan John C.K. IV (Last) (First) (Middle)		10/04/2011	TherapeuticsMD, Inc. [AMHND]	
951 BROKEN SOUND PARKWAY NW, 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, FL 33487			<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Officer (give title below)	<input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below) President, Secretary, Director
(City)	(State)	(Zip)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

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)
Common Stock	6,368,018	D	^

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)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

Edgar Filing: Milligan John C.K. IV - Form 3

	Expiration Date	Expiration Date	Amount or Number of Shares	Amount	or Indirect (I) (Instr. 5)	
Non-qualified Stock Option	02/01/2009 ⁽¹⁾	01/01/2019	Common Stock	2,052,255	\$ 0.1018	D Â
Common Stock Purchase Warrant	06/06/2011 ⁽²⁾	06/06/2021	Common Stock	61,372	\$ 0.4074	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Milligan John C.K. IV 951 BROKEN SOUND PARKWAY NW SUITE 320 BOCA RATON, FL 33487	Â X	Â X	Â President, Secretary, Director	Â

Signatures

/s/ John C.K. Milligan, IV 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) Warrant vested on issuance. This warrant 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.