FORM 4

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

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person* POPE MICHAEL					2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225					3. Date of Earliest Transaction (Month/Day/Year) 11/04/2003						X Officer (give title below) Other (specify below) Vice President/General Manager					
(Street) CHICAGO, IL 60610				4. If	_X_F							Individual or Joint/Group Filing(Check Applicable Line) _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Dispose								Beneficially	Owned		
(Instr. 3) Dat			2. Transaction Date (Month/Day/Year	Exec any	Deemed ution Date, i	f Code (Instr.		A. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)			Beneficial Reported	ly Owned F Transaction	of Securities y Owned Following ransaction(s)		7. Nature of Indirect Beneficial	
			(Month/Day/Year)		Coo	le V	Amou	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock, par value \$.01 per share			11/04/2003			P		2,145	A	\$ 2.05	22,495			D		
			Table II -				uired, I	Disposed	of, or Ber	neficial	•					
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\frac{1}{2}	3A. Deemed Execution D	(e.g., p	4. Transaction Code	5. Number of Derivate Security Acquires (A) or	Number of (Month/Day/Year) Amount of Underlying Securities Acquired (Instr. 3 and 4)		8. Price of 9. Number Derivative Security (Instr. 5) Beneficial Owned Following Reported	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	Ownership (Instr. 4)					
						of (D) (Instr. 3 4, and 5	3,	te	e Expiration		Amount		Transaction((Instr. 4)	s) (I) (Instr. 4)	,	
					Code V	(A) (Exe	ercisable	Date	Title	Number of Shares					
Repor	ting O	wners														
							Relati	onships								
Reporting Owner Name / Address					pirector 10% Officer Other							er				

Vice President/General Manager

Owner

Signatures

POPE MICHAEL

CHICAGO, IL 60610

James M. Bedore, Attorney-in-fact	11/06/2003
**Signature of Reporting Person	Date

Explanation of Responses:

THE FEMALE HEALTH COMPANY

515 NORTH STATE STREET, SUITE 2225

- * 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.

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