FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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 * ZIC ROBERT					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) 01/05/2004						X Officer (give title below) Other (specify below) Principal Accounting Officer					
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
CHICAGO, IL 60610 (City) (State) (Zip)					Table I - Non-Derivative Securities Acquired,							I, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year			Code (Instr. 8		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficial Reported	mount of Securities efficially Owned Following orted Transaction(s) r. 3 and 4)		Form:	7. Nature of Indirect Beneficial Ownership	
			(Code	V	Amour	(A) or (D)	Price	(1115011.5 0.				(Instr. 4)		
Common Stock, par value \$.01 per share		01/05/2004			S		3,250	11)	\$ 2.75	0			D			
			Table II				red, D	isposed	of, or Ben	ieficial	-	OMB con	trol numbe	r.		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemec Execution Dany	(e.g., puts, calls, wa 4. tate, if Transaction 1 Code (/Year) (Instr. 8)		arrants, o 5.	red, Disposed of, or Benefici pptions, convertible securitie 6. Date Exercisable and Expiration Date (Month/Day/Year) 1. Sec. (In 4)			7. Ti Amo	-	e and at of Derivative Derivity Security (Instr. 5) and Security		of 10. Owners Form of Derivati Security Direct (or Indire	Ownership (Instr. 4)	
						of (D) (Instr. 3, 4, and 5)		e rcisable	Expiration Date	n Title	Amount or Number of Shares		Transaction(s (Instr. 4)	(I) (Instr. 4		
Repor	ting O	wners			Code V	(A) (D)	<i>,</i>				Shares					
Reporting Owner Name / Address					Relationships											
				Direct	Director Owner Officer					Other						

Principal Accounting Officer

Signatures

CHICAGO, IL 60610

ZIC ROBERT

James M. Bedore, Attorney-in-fact	01/09/2004
**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.

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.