FORM 4

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

OMB APPROVAL

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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

	. Name and Address of Reporting Person * ZIC ROBERT			2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner					
THE FEM	(Last) (First) (Middle) FHE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2004						X Officer (give title below) Other (specify below) Principal Accounting Officer				
(Street) CHICAGO, IL 60610				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				
(City)	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						s Acquire	uired, Disposed of, or Beneficially Owned				
1.Title of Se (Instr. 3)				Execution any	•		(. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		of (D) O	Transaction(s)		ed	6. Ownership Form:	7. Nature of Indirect Beneficial
			(Month/Day/Ye		Coc	le V	Amount (A) or (D)		Price	(Instr. 3 and 4)		or (I)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock, par	value \$.01 per	03/26/2004			М	[5,000	A	\$ 1.40 5,	,000			D	
	deport on a se	eparate line for each	class of securities b				Person in this displa	ns who re form are e/s a curr	e not re	equired t valid OM	to respond B control r	unless the	tion contai e form	ned SEC	1474 (9-02
	Leport on a se	eparate line for each	class of securities b	eneficially	y owned	directly	Perso	s who r						ned SEC	1474 (9-02
Reminder: R	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	Table II -	Derivativ (e.g., puts 4. Transact Code	e Securion, calls, was 5. No of Deri	ties Acq	Person in this displa	os who reform are a curre osed of, convertible ercisable a Date	e not rerently vor Bene	equired t valid OM eficially O rities)	to respond B control r wned and Amount lying s	unless the number.			11. Na hip of Indi Benefi ve Owner
Reminder: R	2. Conversion or Exercise Price of	3. Transaction Date	Table II - (3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	e Securit, calls, w , calls, w 5. N ion of Deri) Secu Acq (A) Disp of (I	ties Acq arrants. umber vative urities uired or cosed O) tr. 3, 4,	Person in this displa uired, Disp options, c	os who reform are a curre osed of, convertible ercisable a Date	e not rerently vor Bene	equired to valid OM eficially Orities) 7. Title an of Underly Securities	to respond B control r wned and Amount lying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially	f 10. Owners Form o Derivat Security Direct (or Indir	11. Na of Indi Benefi Owner (Instr.
Reminder: R	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - (3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	e Securit, calls, w 5. N ion of Deri Sect Acq (A) Disp of (I	ties Acq arrants. umber vative urities uired or cosed O) tr. 3, 4,	Person in this displa uired, Disp options, c	s who r form are s a curr osed of, convertible ercisable a Date y/Year)	e not recently vor Bene e secur and	equired to valid OM eficially Orities) 7. Title an of Underly Securities	to respond B control r wned and Amount lying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form o Derivat Security Direct (or Indir	11. Na of Indi Benefi Ve Owner (Instr.

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ZIC ROBERT THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610			Principal Accounting Officer				

Signatures

James M. Bedore, Attorney-in-fact	04/08/2004
**Signature of Reporting Person	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).
- Options with respect to one thirty-sixth of the underlying shares become exercisable on the first day of each month commencing May 1, 2003 and ending on April 1, 2006.

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.