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 Responses	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)					
(Last) (First) (Middle) FEMALE HEALTH CO, 515 NORTH STATE STREET STE 2225					3. Date of Earliest Transaction (Month/Day/Year) 01/27/2004						X Officer (give title below) Other (specify below) Vice Pres. & General Manager					
(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 PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day)	YYear) Exe	A. Deemed secution Date, if y Month/Day/Year	(Instr. 8)		(A) or 1	Disposed of 3, 4 and 5)		Beneficia	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					violitii/Day/ i cai	Code	V	Amoun	(A) or (D)	Price	(msu. 3 a	una ij		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, par value \$.01 per share			01/27/200	4		A 5,000 A \$ 0 27,495				D						
				(e.g.	., puts, calls, w	ies Acquir arrants, op	ed, Di tions,	sposed o	of, or Bend tible secur	eficial	ly Owned					
	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution any	emed on Date,	4.	ies Acquirarrants, op 5. Number of Derivative Securities Acquired (A) or	s Acquired, Dirants, options 6. D umber and (Mo erivative ccurities cquired A) or		Expiration Date nth/Day/Year)		-	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indire	Ownershi (Instr. 4)	
						Disposed of (D) (Instr. 3, 4, and 5)	Date		Expiration Date	¹ Title	Amount		Transaction(s) (Instr. 4)	(S) (I) (Instr. 4)	
					Code V	(A) (D)					Number of Shares					
Repor	ting O	wners														
					Relationships											
Reporting Owner Name / Address Direction				Director	tor Owner Officer						Other					

Vice Pres. & General Manager

**Signature of Reporting Person

09/14/2004 Date

James M. Bedore, Attorney-in-fact

515 NORTH STATE STREET STE 2225

POPE MICHAEL FEMALE HEALTH CO

Signatures

CHICAGO, IL 60610

- * 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.