FORM 4	4
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Check this box	if no
longer subject to)
Section 16. For	n 4 or
Form 5 obligation	ons
may continue. S	lee
Instruction 1(b)	

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

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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 Type Responses)										
1. Name and Address of Reporting Per LEEPER MARY ANN	2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) THE FEMALE HEALTH CON NORTH STATE STREET, SU	,	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2004					X Officer (give title below) Other (specify below) President and COO			
(Street) CHICAGO, IL 60610	4. If Amendment, I	Date Origin	al Fi	led(Month/I	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) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		(A) or Disposed of (D)		of (D)	Beneficially Owned Following Reported Transaction(s)Ownership Form:of Bo		Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	
Common Stock, par value \$.01 per share	10/01/2004		А		25,000	А	\$ 0	246,900	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of			3A. Deemed	4.		5.		6. Date Exer					9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numb	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) or	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D))						(Instr. 4)	(Instr. 4)	
						(Instr	. 3,								
						4, and	15)								
											Amount				
								Dete	E		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LEEPER MARY ANN THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610	Х		President and COO				

Signatures

James M. Bedore, Attorney-in-fact	10/05/2004
**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).

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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