# FORM 4

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

OMB APPROV	/AL
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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

1. Name and Address of Reporting Person * KERBER JAMES R			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) (Middle) 8547 EAST ARAPAHOE ROAD, NO. J217 (Street) ENGLEWOOD, CO 80112 (City) (State) (Zip)			`   `	Date of Earliest Transaction (Month/Day/Year)     10/22/2004      High Amendment, Date Original Filed(Month/Day/Year)  Table I. Nan Berinatine Securities Assertion						Officer (give	e title below)	Other	(specify below)	
			4						_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person				
			(Zip)											
1.77.4 . 0.0	•,		2. 75	la. D						5. Amount of Securities Beneficially   6.   7. Nature				NI 4
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	on Date, if		( <i>A</i>	Securities Acqual or Disposed on Str. 3, 4 and 5)	of (D) Own Tran	(D) Owned Follow Transaction(s)		d O Fe		
				(Month/Day/Yea		Cod	e V A	mount (A) or (D)	Price	(Instr. 3 and 4)		OI (I	Indirect (In	
Reminder: R	ceport on a se	•					in this f	s who respond form are not re	equired to	respond	unless the		<b>d</b> SEC 147	74 (9-02)
Reminder: R	eeport on a se						in this f display aired, Dispo	form are not rest a currently versed of, or Bene	equired to valid OMB ficially Own	respond control n	unless the		<b>d</b> SEC 147	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion			4. Transact	s, calls, wa 5. Nur of Der Securi Acquir or Dis of (D) (Instr.	nber ivative ties red (A) posed	in this f display nired, Dispo options, co 6. Date Exe Expiration (Month/Da	orm are not rest a currently was a currently was seed of, or Bene envertible securion creasable and Date	equired to valid OMB ficially Own	respond control n ned	unless the umber.  8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	s, calls, wa 5. Nur of Der Securi Acquii or Dis of (D)	nber ivative ties red (A) posed	in this f display nired, Dispo options, co 6. Date Exe Expiration (Month/Da	sed of, or Bene envertible securiorcisable and Date y/Year)  Expiration	ficially Own (ties)  7. Title and of Underly Securities	respond control n ned	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
KERBER JAMES R 8547 EAST ARAPAHOE ROAD, NO. J217 ENGLEWOOD, CO 80112	X				

### **Signatures**

James M. Bedore, Attorney-in-fact	10/25/2004
**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).
- (1) Options for one thirty-sixth of the shares vest on the 22nd of each month for the 36-month period commencing on November 22, 2004 and ending October 22, 2007.

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.