## 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 * 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	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2005						X Office	er (give title bel	ow) esident and (	Other (specify b	pelow)	
(Street)			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/Year)		f Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial		
			(Month/Day/Year		ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock, par value \$.01 per share		06/15/2005		I	P		5,000	A	\$ 1.64	193,900			D		
				Derivative Securi		quire	conta the fo	ained i orm dis	n this fo splays a of, or Be	orm ai curre	re not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
<u> </u>	ı	ı		e.g., puts, calls, w								1	ı	_	
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da any	4. Transaction Code (Instr. 8)	Number an		and E	Date Exercisable and Expiration Date Month/Day/Year)		An Un Sec	Fitle and nount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficial Ownership (Instr. 4)
				Code V	(A)		Date Exerc	cisable	Expiration Date	on Tit	Amount or Number of Shares				

### **Reporting Owners**

D (1 0 N /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LEEPER MARY ANN	X		President and COO					

### **Signatures**

James Bedore, attorney-in-fact	06/15/2005
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.

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.