## 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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person* PARRISH O B				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					
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 10/03/2005						X Officer (give title below) Other (specify below)  Chairman of the Board and CEO						
(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		(State)	(Zip)		Ta	ıble I - No	n-Der	ivative S	Securities	Acqu	ired, Disp	osed of, or I	Beneficially	Owned	dl	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				f Code (Instr. 8)		tion 4. Securities Acquirec (A) or Disposed of (E (Instr. 3, 4 and 5)						Ownership of Form:		Beneficial		
			(Month/Day/Year)		Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	na 4)		Direct or Ind (I) (Instr.	lirect (I	wnership nstr. 4)	
Common \$.01 per	Stock, pa share	r value	10/03/2005			A		50,000	) A	\$ 0	207,900	)		D		
Common Stock, par value \$.01 per share										225,000		I	N	ote (1)		
Common Stock, par value \$.01 per share										233,501	33,501		I	N	ote (2)	
Reminder:	Report on a s	separate line for	r each class of secur	ities beneficial			Pers cont the t	ons wh ained in	o respon this for splays a	m are	e not requ ntly valid	ction of inf uired to res OMB conf	spond unle		SEC 14	74 (9-02)
				e.g., puts, call							ny Owneu					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Execution Da (Year) any	te, if Transaction Code Year) (Instr. 8)		Number a		6. Date Exercisable and Expiration Date (Month/Day/Year)		Ame Und Seco	itle and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y Fo De Se Di or n(s) (I)	10. Ownership Form of Derivative Security: Direct (I) or Indirect (I) (Instr. 4)	Beneficial
				Code	V	(A) (D)	Date		Expiration Date	1 Title	Amount or Number of Shares					

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PARRISH O B THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610	X		Chairman of the Board and CEO				

#### **Signatures**

	James M. Bedore, Attorney-in-fact	10/05/2005		
,	**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).
- (1) The reporting person is deemed to indirectly own these shares which are held by the Geneva O. Parrish 1996 Living Trust of which Mr. Parrish is beneficiary and for which Mr. Parrish may be deemed to share voting and investment power.
- (2) The reporting person is deemed to indirectly own 233,501 shares held by Phoenix Health Care of Illinois, Inc. ("Phoenix"), of which the reporting person is an officer, director and shareholder. The reporting person disclaims beneficial ownership in the shares held by Phoenix except to the extent of his pecuniary interest therein.

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.