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 * 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) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225					3. Date of Earliest Transaction (Month/Day/Year) 12/14/2005							X Officer (give title below) Other (specify below) President and COO						
(Street) CHICAGO, IL 60610				4. If	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 Acquired, Disposed of, or Beneficially Owned								d						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Exec	Deemed cution Date, if	(Instr. 8)			4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Form:	ership of Be	7. Nature of Indirect Beneficial Ownership	
				(Mor	nth/Day/Year			V	Amount (A) or (D) I		Price	(Instr. 3 a	/			nstr. 4)		
Common Stock, par value \$.01 per share			12/14/2005				S	24,400 D \$ 1.80		\$ 1.80	199,500			D				
					ative Securit		t	the fo	orm dis	splays a	currer eficial	ntly valid	OMB con	spond unle trol numbe				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution Da	ate, if	4. Transaction Code (Instr. 8)	5.		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration		7. Title and Amount of Underlying Securities (Instr. 3 and 4) Amour or Title Numbe			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	y De See Di or	wnership orm of erivative ecurity: irect (D) Indirect	Beneficial Ownership (Instr. 4)		
				Со	Code V	(A)	(D)	Excit	Cisable	Date		of Shares						
Repor	ting O	wners																

	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	X		President and COO					

Signatures

James M. Bedore, Attorney-in-fact	12/14/2005
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.