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

1. Name ar															
1. Name and Address of Reporting Person * POPE MICHAEL			2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner						
			(Middle) NORTH STATE	3. Date of Earlies 10/04/2005	t Transa	action	n (M	fonth/Day	//Year)		X Office	er (give title beld VP an	ow) nd General N	Other (specify lanager	below)
(Street) CHICAGO, IL 60610				4. If Amendment, Date Original Filed(Month/Day/Year)					r)	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					es Acqui	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		ion	4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)			Beneficial Ownership	
				Cod	e	V	Amount	or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common \$.01 per	Stock, par share	r value	10/04/2005		S			1,500	D	\$ 1.63	30,995			D	
Common \$.01 per	Stock, par share	r value	10/18/2005		S			5,000	D	\$ 1.6758	25,995			D	
Common Stock, par value \$.01 per share		10/18/2005		S			3,470	D	\$ 1.68	22,525		D			
Common Stock, par value \$.01 per share		r value	10/18/2005		S			30	D	\$ 1.70	22,495		D		
Common Stock, par value \$.01 per share		11/02/2005		P			250	A	\$ 1.67	22,745			D		
Reminder:	Report on a s	eparate line f	or each class of secu	rities beneficially o	wned di	I	Per:	sons wh	o resp	orm are	not requ	ction of inf lired to res OMB cont	pond unle	ss	1474 (9-02)
				Derivative Securit (e.g., puts, calls, w							ly Owned				
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day)	Year) Execution Da	4. Transaction Code Year) (Instr. 8)	e, if Transaction Number and Code of (1)		and	onth/Day/Year)		Amo Und Secu	ount of lerlying urities tr. 3 and Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	ive Ownersh (Instr. 4) D) ect
				Code V	(A)		Dat Exe	e ercisable	Expirati Date	Title	Amount or Number of Shares				

Reporting Owners

Γ		Relationships					
		Director	10% Owner	Officer	Other		
	Reporting Owner Name / Address						

POPE MICHAEL FEMALE HEALTH CO 515 NORTH STATE STREET STE 2225 CHICAGO, IL 60610	i	VP and General Manager		
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Signatures

Michael Pope	12/19/2005
***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.