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

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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 * ZIC ROBERT					2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225					3. Date of Earliest Transaction (Month/Day/Year) 01/12/2006							X Officer (give title below) Other (specify below) Vice President-Finance				
(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 Person Form filed by More than One Reporting Person				
CHICAGO, IL 60610 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired Disposed of or Reneficially Owned				
(Instr. 3) Date			2. Transaction Date (Month/Day/Year	Exec	2A. Deemed Execution Date,			ction 4. Securities Acq (A) or Disposed 6 (Instr. 3, 4 and 5)		nired 5. Amour Beneficia Reported		nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial	
				(Mor	nth/Day/Year)	ar)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common \$.01 per	Stock, pa	r value	01/12/2006				A		25,000	A	\$ 0	28,750			D	
			Table II -		ative Secur outs, calls, v		-					y Owned				
	2. Conversion or Exercise Price of Derivative	3. Transaction	n 3A. Deemed Execution D	Derivate, if	ative Secur outs, calls, v 4. Transaction Code	5. No of	s Acquire	Perscontathe for the following	ons wh ained ir orm dis	o responding this for splays a confidence of the securities of the	eficiall rities) 7. Ti Amo Undo Secu	not requ ntly valid	OMB conf	spond unle trol numbe	of 10. Ownersk	ve Ownershi
	Security						cquired A) or isposed f (D) nstr. 3, and 5)				4)		Following Reported Transaction(s (Instr. 4)	Direct (I or Indire	D) ect	
					Code V	, (A	A) (D)	Date Exer		Expiratior Date	¹ Title	Amount or Number of Shares				
Repor	ting O	wners	,													
							Relation	nship	s							
Reporting Owner Name / Address					10%											

10%

Owner

Officer

Vice President-Finance

Other

Director

Signatures

CHICAGO, IL 60610

ZIC ROBERT

James M. Bedore, Attorney-in-fact	02/21/2006
Signature of Reporting Person	Date

Explanation of Responses:

THE FEMALE HEALTH COMPANY

515 NORTH STATE STREET, SUITE 2225

- * 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.