FORM 4

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

OMB APPROVAL								
OMB Number:	3235-0287							
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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 Typ	e Responses)																
1. Name and Address of Reporting Person *- WALTON MICHAEL R				2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
1626 NORTH PROSPECT AVENUE, NO. 2310				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2006							-	Officer (give title below) Other (specify below)				ow)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year) 02/28/2006								6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
MILWAUKEE, WI 53202 (City) (State) (Zip)			(Zip)															
1.Title of Security 2. Transaction Date			Execution		A. Deemed execution Date, if		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)			neficially I	6. Ownership Form:	Beneficial	
					y/Year	Code	e V	7 An	nount	()	Price	(Instr. 3 and 4)				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock, par value \$.01 per share		02/28/2006			P(2))	46	,390	Δ	\$ 1.63	440,992				D			
Common Stock, par value \$.01 per share												,	72,106				I	By Trust
Common Stock, par value \$.01 per share												234,958			I	Note (1)		
Reminder: F	Report on a so	eparate line for each	class of securities be	- Deriva	tive S	Securit	ies Acqu	Per in the a cu	sons his fo urrent	rm ar tly val	e not re lid OMB or Benefi	quired contro	to res	spond u ber.		on containe form displa		2 1474 (9-02)
Derivative Security Conversion Date Execution or Exercise (Month/Day/Year) any			4. 5. Number of Derivativ Securities			mber ivative lities (control (A) posed (3, 4,	Expiration Date of U (Month/Day/Year) Sect			7. Title of Und Securit	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or India	Beneficial Ownership (Instr. 4) D)		
				Code	V	(A)		Date Exercis	able	Expir Date	ration	Title	1	Amount or Number of Shares		(msu. 4)	(IIIsti.	
Common Stock Purchase Warrant	\$ 2.50	02/28/2006		J(2)		3	0,900	08/01/	1998	06/1	19/2006	Comr		30,900	\$ 0	0	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
WALTON MICHAEL R 1626 NORTH PROSPECT AVENUE, NO. 2310 MILWAUKEE, WI 53202	X							

Signatures

James M. Bedore, Attorney-in-fact	03/02/2006	
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) These shares are held by Sheboygan County Broadcasting Co., Inc. ("Sheboygan"). Under the rules of the Securities and Exchange Commission, Mr. Walton may be deemed to have voting and dispositive power as to the shares held by Sheboygan since Mr. Walton is an officer, director and shareholder of Sheboygan.
- (2) The shares of common stock acquired by Mr. Walton were acquired in satisfaction of a debt owed by the transferring person to Mr. Walton. As part of the transfer of the shares of common stock, Mr. Walton transferred the common stock purchase warrant to the transferring person.

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.