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 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 10% Owner				
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225			3. Date of Earliest Transaction (Month/Day/Year) 06/21/2006						X Officer (give title below) Other (specify below) Chairman of Board, CEO & COO						
(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 Acquired, Disposed of, or Beneficially Owned												
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	if Coo (Ins	(Instr. 8)					d 5. Amount of Securities			6. Ownership Form:	Beneficial	
			(Month/Day/Yea		ode	V	Amoun	(A) or (D)	Price	(Instr. 3 a	5 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock, par value \$.01 per share		06/21/2006			G	V	45,000	D	\$ 0	462,900		D			
Common Stock, par value \$.01 per share										225,000		I	Note (1)		
Common Stock, par value \$.01 per share										233,501		I	Note (2)		
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially	owned		Pers	ons wh	o respor	m are	e not requ	ction of inf uired to res OMB cont	spond unle	ss	2 1474 (9-02)
				Derivative Secur e.g., puts, calls, v				-			lly Owned				
	1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) 3. Transaction Date Execution Date, i		te, if Transaction Code	5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Seco	itle and ount of derlying urities tr. 3 and 8. Price of Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Securit Direct or India	f Beneficial Ownershij (Instr. 4)		
				Code V	(A)	(D)	Date Exer		Expiration Date	Title	Amount or e 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 Board, CEO & COO				

Signatures

James Bedore, Attorney-in-fact	06/27/2006		
**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) 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.