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

OMB APPRO	JVAL
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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 Type	be Responses	,														
1. Name and Address of Reporting Person *- WALTON MICHAEL R				2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO] 3. Date of Earliest Transaction (Month/Day/Year) 10/12/2006 4. If Amendment, Date Original Filed(Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 1626 NORTH PROSPECT AVENUE, NO. 2310			Officer (give title below) Other (specify below)													
(Street)										6. Individual or Joint/Group FilingCheck Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
MILWAUKEE, WI 53202									roun med by More man one Reporting reison							
(Cit	ý) 	(State)	(Zip)				Tabl	le I - Non-Deri	ative Securitie	s Acqu	uired, Di	isposed o	f, or Benefi	cially Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Deemed ution Da	ate, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (Disposed of (Disposed 5))		Owned Transac	ount of Securities Benef d Following Reported action(s)		O	wnership of	. Nature f Indirect eneficial
				(Mon	th/Day/	Year)	C	ode V A	(A) or				oi (I	Indirect (In	wnership nstr. 4)	
								this forr	who respond are not requ valid OMB o	ired to	o respo	nd unles			520 11	74 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise		3A. Deemed Execution Date, if any	(e.g., p 4. Transact Code	tion of Se	Number Derivation	er er ative s	this forr currentl cquired, Dispo- ts, options, cor 6. Date Exerci Expiration Da (Month/Day/Y	n are not requiversible and	ired to ontrol icially ties) 7. Tof U	Owned Title and Underlying curities	Amount	8. Price of	9. Number of Derivative Securities	10. Ownership Form of	11. Natu of Indire Benefici
Derivative	Conversion	Date	3A. Deemed Execution Date, if	(e.g., p 4. Transact Code	tion of Se Ac or of (In	lls, wa Numbe Deriva	er ative s l (A) sed	this forr currentl cquired, Dispo- ts, options, cor 6. Date Exerci Expiration Da (Month/Day/Y	n are not requiversible and	ired to ontrol icially ties) 7. Tof U	Owned Title and Underlyin	Amount	8. Price of Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natu of Indire Benefici Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transact Code	tion of Se Ac or of (In and	Number Derivation of Disposition (D) nstr. 3,	er ative s l (A) sed	this forr currentl cquired, Dispo- ts, options, cor 6. Date Exerci Expiration Da (Month/Day/Y	n are not requiversible and	ired to ontrol icially ties) 7. Tof U	O respo of number Owned Fitle and Underlying curities str. 3 and	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefici Ownersh (Instr. 4)

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

Signatures

James M. Bedore, Attorney-in-fact	10/16/2006
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) Options for one thirty-sixth of the shares vest on the 12th of each month for the 36-month period commencing on November 12, 2006 and ending on October 12, 2009.

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.