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 Type Responses)													
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) Director 10% Owner				
(Last) (First) (Middle) FEMALE HEALTH CO, 515 NORTH STATE STREET STE 2225			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2006						X Officer (give title below) Other (specify below) VP and General Manager				
(Street) CHICAGO, IL 60610			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by More than One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)			Table I. Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Trans Date (Month		Y/Year) Exe	2A. Deemed Execution Date, if any	3. Transa Code (Instr. 8)	etion 4. Securities Acquir		aired of (D)	red 5. Amount of Securitie (D) Beneficially Owned For Reported Transaction(s) (Instr. 3 and 4)		es ollowing (s)	6. Ownership Form:	7. Nature of Indirect Beneficial	
		(Mc	onth/Day/Year	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 ai	nd 4)		\ /	Ownership (Instr. 4)
Common Stock, par value \$ per share	.01 10/01/200	06		A		7,500	A	\$ 0	84,245			D	
	Tab			ies Acquire	the fo	orm dis sposed o	plays a c	currer eficiall	itly valid		•		
1. Title of 2. 3. Transaction 3A. Deemed		eemed cion Date, if	puts, calls, wa 4. Transaction Code (Instr. 8)	ies Acquire arrants, op 5. Number of Derivative Securities Acquired	the form displays a curre tired, Disposed of, or Beneficial options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) ive es (Ins			eficiallerities) 7. Tirano Unde Secu (Instr	Fitle and count of derlying str. 3 and Str.		9. Number of Derivative Securities Beneficially Owned Following	of 10. Ownership Form of Derivative Security: Direct (D)	
				(A) or Disposed of (D) (Instr. 3, 4, and 5)						Reported Transaction(s (Instr. 4)	or Indire (I) (Instr. 4)	t	
			Code V	(A) (D)	Date Exerc		Expiration Date	Title	Amount or Number of Shares				
Reporting Owner	S												İ
				Relationsh	nips								
Reporting Owner Name	Address		100/										

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
POPE MICHAEL FEMALE HEALTH CO 515 NORTH STATE STREET STE 2225 CHICAGO, IL 60610			VP and General Manager				

Signatures

James Bedore, Attorney-in-fact	12/13/2006
**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).

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.