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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 * 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) 10/01/2006						X_Office	er (give title bel Vice	ow) C President - Fi	ther (specify b	elow)
(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)	Та	ble I - Nor	1-Deriv	vative S	ecurities A	Acqui	red, Dispo	osed of, or l	Beneficially C	wned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Following (s)	Form:	Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	iu 4)			Ownership (Instr. 4)
Common Stock, par value \$.01 per share	1 10/01/2006		A		2,500	A S	\$ 0	29,750			D	
Reminder: Report on a separate line for		•		Perso conta the fo	ons who lined in orm dis	o respon this forr plays a c	n are urrer	not requ ntly valid		formation spond unles trol number	s	1474 (9-02)
		Derivative Securiti (e.g., puts, calls, wa	-					ly Owned				
1. Title of Derivative Conversion Or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution (Month/Day/Year) Date Of Date (Month/Day/Year) Conversion Date (Month/Day/Year) Execution Of Date (Month/Day/Year) Of Derivative Security		4. Transaction Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year) Am Un Sec			Amo Undo Secu (Inst	mount of inderlying ecurities instr. 3 and in order in or		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect) \ \
		Code V	(A) (D)	Date Exerc		Expiration Date	Title	Amount or Number of Shares				
Reporting Owners			Relatio	onships	s							

	Relationships						
Reporting Owner Name / Address		Director Officer Officer		Other			
ZIC ROBERT THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610			Vice President - Finance				

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.