# FORM 4

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

OMB APPROVAL
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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

pe Response	s)		-												
Name and Address of Reporting Person * Felch Donna				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) C/O THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 02/06/2007						X Officer (give title below) Other (specify below)  VP and Chief Financial Officer					
(Street) CHICAGO, IL 60610				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned					
Title of Security 2. Transaction Date (Month/Day/Yo		Execute (ear)	any		Code (Instr. 8)		(A) or (Instr.	(A) or Disposed of (Instr. 3, 4 and 5)		) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		following (s)	Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership	
	r value	02/06/2007				A		15,00	00 A	\$ 0	90,000			D	
report on a s	separate line re		II - Deriv	vative Secu	ırities	s Acqu	Per cor the	sons w tained form di Disposed	ho respo in this fo splays a of, or Be	orm ar a curre	e not requently valid	uired to res	spond unle	ss	1474 (9-02)
Conversion or Exercise	Date	Year) Execution	ned n Date, if	4. Transactic Code (Instr. 8)	5. Non No of Do See Add (AD of (In 4,	umber erivati ecuritic cquire (A) or ispose (F(D) nstr. 3, and 5)	6. I and (M	Date Exe I Expirati onth/Day	rcisable on Date //Year)	7. 7. Am Un Sec (In: 4)	Fitle and nount of derlying purities str. 3 and	8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Owners Form of Derivat: Security Direct ( or Indirects)	Beneficia Ownershi (Instr. 4)
	d Address of mna  E FEMALI NY, 515 N 225  GO, IL 606  ecurity  Stock, pa share  Report on a s  Conversion or Exercise Price of Derivative	E FEMALE HEALTH NY, 515 NORTH STA 225  (Street)  GO, IL 60610  (State)  ecurity  Stock, par value share  Report on a separate line for Exercise Price of Derivative  (Month/Day/	d Address of Reporting Person*  mna  (First) (Middle)  E FEMALE HEALTH  NY, 515 NORTH STATE STREE  225  (Street)  GO, IL 60610  (State) (Zip)  ecurity  2. Transaction Date (Month/Day/Y)  Table  2. Table  Conversion or Exercise Price of Derivative  Middle)  (Middle)  (Middle)  (Aid and a separate in the state of the	d Address of Reporting Person 2.  Inna FE  Inna	d Address of Reporting Person*  mna  2. Issuer Nam FEMALE F.  3. Date of Earl 02/06/2007  Street)  4. If Amendment GO, IL 60610  (State)  2. Transaction Date (Month/Day/Year)  2. Stock, par value Share  2. Transaction Date (Month/Day/Year)  Table II - Derivative Securities beneficially  Transaction Or Exercise Price of Derivative Security  3. Date of Earl 02/06/2007  4. If Amendment Execution Date (Month/Day/Year)  Table II - Derivative Securities beneficially  Transaction Or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  A. Deemed Execution Date (e.g., puts, calls, any (Month/Day/Year)  (Instr. 8)	d Address of Reporting Person* nna  2. Issuer Name and FEMALE HEAI  (Middle) E FEMALE HEALTH NY, 515 NORTH STATE STREET,  (Street)  (Street)  (State)  (Zip)  (Zip)  (A. If Amendment, D. Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A. If Amendment, D. Date (Execution Date, if any (Month/Day/Year))  (Month/Day/Year)  (A. If Amendment, D. Date (Execution Date, if any (Month/Day/Year))  (Month/Day/Year)  (A. If Amendment, D. 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Transaction Date (A) or Disposed of (D) (Instr. 8)  Persons who respond to contained in this form at the form displays a curre  Table II - Derivative Securities Acquired, Disposed of, or Beneficially (A) or Disposed of Ordinary (Month/Day/Year)  2. Table II - Derivative Securities Acquired, Disposed of, or Beneficially (Month/Day/Year)  A	d Address of Reporting Person *   2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]   5. Relation   Direct   Di	2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO] 3. Date of Earliest Transaction (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 6. O., IL 60610  Table I - Non-Derivative Securities Acquired (A) or Disposed of (D) Price (Instr. 3, and 4)  Stock, par value (Stock, par value share)  Stock, par value (Stock)  Stock are value (A) or Disposed of (D) (Instr. 3, 4 and 5)  Stock are value (A) or Disposed of (D) (Instr. 3, 4 and 5)  Persons who respond to the collection of intocation of into stoch and the stoch are value are not required to restrict form displays a currently valid OMB continue (Instr. 3)  Stock are value (Stock)  Stock are value (A) or (D) sposed of, or Beneficially Owned (Stock)  Stock are value (Stock)  Stock are value (A) or (D) sposed of, or Beneficially Owned (Stock)  Stock are value (Stock)  Stock are value (A) or (D) sposed of, or Beneficially Owned (Stock)  Stock are value (A) or (D) sposed of, or Beneficially Owned (Stock)  Stock are value (A) or (D) sposed of, or Beneficially Owned (Stock)  Stock are value (Stock)  Stock are value (A) or (D) sposed of, or Beneficially Owned (Stock)  Stock are value (Stock)  Stock are value (A) or (D) sposed of, or Beneficially Owned (Stock)  Stock are value (Sto	2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]   5. Relationship of Reporting Person   5. Relationship of Reported   5. Relationship of Reporting Person   5. Relationship of Reporting Person   5. Relationship of Reporting Person   5. Rel	2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]  3. Date of Earliest Transaction (Month/Day/Year) 02/06/2007  4. If Amendment, Date Original Filed(Month/Day/Year) 10. [Kitatio] 1

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Felch Donna C/O THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610			VP and Chief Financial Officer				

## Signatures

James M. Bedore, Attorney-in-fact	02/14/2007
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.