FORM 4

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

OMB APPROVAL
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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												
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)XDirector 10% Owner						
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225			3. Date of Earliest Transaction (Month/Day/Year) 06/27/2007							X Officer (give title below) Other (specify below) Chair of the Board, CEO & COO						
(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 Person _Form filed by More than One Reporting Person					
(City		(State)	(Zip)		Tab	le I - No	n-Der	ivative S	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	i	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				(Instr. 8)		on 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities Illy Owned Following Transaction(s)		Ownership of Form:		Beneficial		
			(Month/Day/Year)		Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	(Instr. 3 and 4)		Direct or Ind (I) (Instr.	irect (I	wnership nstr. 4)	
Common \$.01 per	Stock, pa share	r value	06/27/2007			G	V	45,00	D	\$ 0	417,900)		D		
Common Stock, par value \$.01 per share										225,000			I	N	ote (1)	
Common Stock, par value \$.01 per share										233,501		I	N	ote (2)		
Reminder:	Report on a s	separate line fo		Derivative Secu	ritie	s Acquir	Pers cont the f	ons whatained in	o respon this for splays a	m are curre	not requesting ntly valid	OMB con	formation spond unle trol numbe	ss	SEC 14	74 (9-02)
ı	1	1		e.g., puts, calls,				<i>'</i>				1	1			1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Yo	Execution Da any	tte, if Transaction Code Year) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		Ame Und Seco	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ov Fo De Se Di or n(s) (I)	wnership orm of erivative curity: rect (D) Indirect	Beneficial
				Code	V (.	A) (D)	Date Exer		Expiration Date	n Title	Amount or 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		Chair of the Board, CEO & COO				

Signatures

	James M. Bedore, Attorney-in-fact	06/28/2007		
,	**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).
- (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.