## FORM 4

# 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 Ty	pe Responses	s)														
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) 08/21/2007						X Officer (give title below) Other (specify below)  VP and General Manager					
(Street)				4. I	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)					Table I - Non-Derivative Securities Acqui							ired. Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y	/Year) Exe	. Deemed ecution Date, if	3. Transac Code (Instr. 8)	etion 4. Securities Acc		uired 5. Amour of (D) Beneficia		nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
			(1410	ontili Bay i car	Code	V	Amoun	(A) or (D)	Price	(msu. 5 a	, , , , , , , , , , , , , , , , , , ,		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stoc, par value \$.01 per share		08/21/2007			S		25,000	)     )	\$ 2.05	77,245			D			
			Table 1			ies Acquire	d, Di	sposed o	of, or Ben	eficial	•	OMB cont	rol numbe	r.		
	2. 3. Transaction Date or Exercise Price of Derivative Security		3A. Deen Execution	(e.g., ned n Date, if	puts, calls, wa  4. Transaction Code	of (Month/Day/Y) Derivative Securities Acquired (A) or		of, or Ben tible secu- cisable on Date	7. Ti Amo	•	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	)		
						Disposed of (D) (Instr. 3, 4, and 5)	Date	Daving in the			Amount	nount	Transaction(s (Instr. 4)	(s) (I) (Instr. 4)		
					Code V	(A) (D)		cisable	Expiration Date	Title	Number of Shares					
Repor	ting O	wners														
						Relationsl	ips									
Reporting Owner Name / Address Direct					or 10% Officer					Other						

VP and General Manager

### **Signatures**

POPE MICHAEL FEMALE HEALTH CO

CHICAGO, IL 60610

James M. Bedore, Attorney-in-fact	08/27/2007
**Signature of Reporting Person	Date

## **Explanation of Responses:**

515 NORTH STATE STREET STE 2225

- \* 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.