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. Name and Address of Reporting Person * DEARHOLT STEPHEN M				2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHC]							mbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
(Last) (First) (Middle) 36365 TRAIL RIDGE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2008							//Year)		Office	r (give title belo	ow)	Other (specify	below)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							n/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					
STEAM	BOAT SPI	RINGS, CO	80488											ou by More than	one reporting	1 CISON	
(City	")	(State)	(Zip)			T	able I	- No	n-Der	ivative S	Securities .	Acqui	ired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, i any (Month/Day/Year			f Coo (Ins		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)			f (D) Beneficia		ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(Monuli Day) 10		i cai		ode	V	Amour	(A) or (D)	Price	(insu. 3 and 4)		or Indirect (I) (Instr. 4)		
Common Stock, par value \$.01 01/02/2008 per share			01/02/2008					G	V	4,615	D	\$ 0	1,524,40	00		D	
Common Stock, par value \$.01 per share												26,500			I	Note (1)	
Common Stock, par value \$.01 per share												69,500			I	Note (2)	
Common Stock, par value \$.01 per share												275,820	275,820		I	Note (3)	
Common Stock, par value \$.01 per share												418,100	8,100		I	Note (4)	
Reminder:	Report on a	separate line fo	r each class of secur	rities b	eneficia	lly o	wned									an.	
									cont	ained i	n this for	m are	not requ	ction of inf uired to res OMB conf	spond unle	ess	2 1474 (9-02)
			Table II - l								of, or Bene tible secur		ly Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security			3A. Deemed Execution Date, if		4. Transaction Code ar) (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	f Beneficia Ownershi y: (Instr. 4)	
					Code	V	(4)	(D)	Date Exer		Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DEARHOLT STEPHEN M 36365 TRAIL RIDGE ROAD STEAMBOAT SPRINGS, CO 80488	X	X				

Signatures

James M. Bedore, Attorney-in-fact	01/04/2008		
**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) Shares are held by the reporting person's self-directed IRA.
- (2) Shares are held by a profit sharing plan, of which the reporting person is a beneficiary.
- (3) Shares are held by a trust, of which the reporting person is a trustee.
- (4) Shares are held by a trust, of which the reporting person is a trustee.

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.