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 * 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)XDirector10% Owner						
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 06/24/2008							X Officer (give title below) Other (specify below) Chairman of Board, CEO and 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 PersonForm filed by More than One Reporting Person							
(City		(State)	(Zip)		Tal	ble I - I	Non-l	Deriva	ative S	ecurities	Acqu	ired, Disp	osed of, or l	Beneficially	Owne	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Common Stock, par value		,		Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			of (D)	D) Beneficially Owned Following Reported Transaction(s)		ollowing	Ownership Form:		Beneficial		
			(Month/Day/Year)		Cod	e	V A	mount	(A) or (D)	Price	(Instr. 3 a	. 3 and 4)			direct (wnership nstr. 4)	
Common \$.01 per		r value	06/24/2008			G	,	V 38	8,000	D	\$ 0	379,900			D		
Common Stock, par value \$.01 per share											225,000			I	N	lote (1)	
Common Stock, par value \$.01 per share											233,501	233,501		I	N	lote (2)	
Reminder:	Report on a s	separate line fo	or each class of secur	ities beneficially			Po	erson ontair ne fori	ns who ned in m disp	respon this for plays a c	m are curre	not requesting ntly valid	ction of inf lired to res OMB con	spond unle		SEC 14	774 (9-02)
		1		e.g., puts, calls,								ary Owned	ı	1			
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execution Da	tte, if Transaction Code Year) (Instr. 8)		Number and		nd Exp	Date Exercisable Expiration Date Onth/Day/Year)		Ame Und Secu	itle and ount of lerlying urities tr. 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y C F S S C o n(s) (I	O. Dwnership Form of Derivative Security: Direct (D) or Indirect I) Instr. 4)	(Instr. 4)
				Code	V	(A) (A		Date Exercis		Expiration Date	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		Chairman of Board, CEO and COO					

Signatures

	James M. Bedore, Attorney-in-fact	07/02/2008	
,	**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) 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.