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 * WALTON MICHAEL R					2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
(Last) (First) (Middle) 929 NORTH ASTOR, UNIT 2101					3. Date of Earliest Transaction (Month/Day/Year) 12/28/2009								Office	r (give title belo	ow)	Other (s	pecify belo	w)	
(Street) MILWAUKEE, WI 53202				4. If	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)				Table I - Non-Derivative Securities Acqu							Acqui	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)				Code (Instr. 8)		ction	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)			Beneficia Reported	unt of Securities vially Owned Following and Transaction(s)		Ownership of Form:		Beneficial		
				(Mon	th/Day/Y	ear)		ode	V	Amou		(A) or (D)	Price	(Instr. 3 a	ind 4)		Director Incomplete (I) (Instr	direct (I	wnership nstr. 4)
Common Stock, par value \$.01 per share		12/28/2009				G	(1)	V	375,00	00	D	\$ 0	373,056	5		D			
			Table II -					equir	con the	tained i form di	in th spla	nis form ays a co or Bene	n are currec	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle		SEC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day)	on 3A. Deemed Execution D	ate, if	Code	ion	5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr	ber vative rities ired or osed	6. E and (Mo	s, conver Date Exer Expirati onth/Day	cisa on I	ible Date	7. Ti Amo Und Secu	itle and ount of erlying urities r. 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y Or For Direction or	wnership orm of erivative ecurity: irect (D) Indirect	11. Nature of Indirec Beneficial Ownership (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WALTON MICHAEL R 929 NORTH ASTOR, UNIT 2101 MILWAUKEE, WI 53202	X					

Signatures

/s/ James M. Bedore, Attorney-in-fact	01/05/2010		
**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 were gifted to a grantor retained annuity trust (the "Trust"). The reporting person is not a trustee of the Trust and does not beneficially own any of the shares held by the Trust.

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.