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

pe Response	s)															
1. Name and Address of Reporting Person * DEARHOLT STEPHEN M				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 X_10% Owner				
(Last) (First) (Middle) 36365 TRAIL RIDGE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/10/2010								Office	r (give title belo	ow)	Other (specify	below)
(Street)			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					
	RINGS, CO	80488											a by More than	Tone reporting	Cison	
<i>i</i>)	(State)	(Zip)			T	able I	- Nor	ı-Der	ivative	Securities .	Acqui	ired, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3) Date			Exec	Execution Date, i any		Code (Instr. 8)		(A) or Dispose		Disposed o		Beneficial Reported	eneficially Owned Following eported Transaction(s)		Form:	7. Nature of Indirect Beneficial Ownership
			(**************************************			ode	V	Amour	(A) or (D)	Price	()			or Indirect		
Common Stock, par value \$.01 per share		03/10/2010					S		10,00	0 D	§ 5.54	2,429,526			D	
Common Stock, par value \$.01 per share												28,500			I	Note (1)
Common Stock, par value \$.01 per share												69,500			I	Note (2)
Common Stock, par value \$.01 per share												275,820	5,820		I	Note (3)
Common Stock, par value \$.01 per share												418,100			I	Note (4)
Report on a s	separate line fo	or each class of secu	rities b	eneficia	lly o	wned		•			1 4 1		-41 6 1 4	·	QE C	11474 (0.00)
								cont	ained i	n this for	m are	not requ	ired to res	spond unle	ss	1474 (9-02)
												ly Owned				
Derivative Conversion Date		on 3A. Deemed Execution Date any		4. Transaction Code ear) (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)	Derivative Securities Beneficially Owned Following Reported	Owners Form o Derivat Securit Direct (or Indir	Beneficia ive Ownershi y: (Instr. 4) D) ect	
				Code	V	(4)	(D)				Title	or Number of				
	BOAT SPI BOAT S	nd Address of Reporting Pe OLT STEPHEN M (First) RAIL RIDGE ROAD (Street) BOAT SPRINGS, CO (State) BOAT SPRINGS BOAT SPRINGS BOAT SPRINGS BOAT SPRINGS BOAT SPRINGS BOAT SPRINGS BOAT SPRINGS	and Address of Reporting Person* OLT STEPHEN M (First) (Middle) RAIL RIDGE ROAD (Street) BOAT SPRINGS, CO 80488 (State) (Zip) Security 2. Transaction Date (Month/Day/Year) A Stock, par value share A Stock, par value share	and Address of Reporting Person* OLT STEPHEN M (First) (Middle) (Street) BOAT SPRINGS, CO 80488 (State) (State) (State) (Zip) Security 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 1. Stock, par value share 1. St	Address of Reporting Person* OLT STEPHEN M (First) (Street) (Street) (Street) (State) (State) (Zip) (Security (State) (Zip) (Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 1 Stock, par value share 2 Stock, par value share 1 Stock, par value share 2 Stock, par value share 3 Stock, par value share 1 Stock, par value share 2 Stock, par value share 3 Stock, par value share 4 Stock, par value share 5 Stock, par value share 6 Stock, par value share 7 Stock, par value share 8 Stock, par value share 9 Stock, par value share 1 Stock, par value share 2 Stock, par value share 3 Stock, par value share 6 Stock, par value share 8 Stock, par value share 9 Stock, par value share 1 Stock, par value share 2 Stock, par value share 3 Stock, par value share 6 Stock, par value share 7 Stock, par value share 8 Stock, par value share 9 Stock, par value sh	Address of Reporting Person* OLT STEPHEN M (First) (RAIL RIDGE ROAD (Street) (Street) (Street) (Street) (State) (Zip) (A. 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Issuer Name and Ticker FEMALE HEALTH CO (Middle) (Middle) (Street) 3. Date of Earliest Transaction (O3/10/2010 4. If Amendment, Date Origin (Month/Day/Year)	2. Issuer Name and Ticker or Tre FEMALE HEALTH CO [FI] (Street) 3. Date of Earliest Transaction (Mo 3/10/2010 (Street) 4. If Amendment, Date Original Fi BOAT SPRINGS, CO 80488 (State) (Zip) Table 1 - Non-Der Security 2. Transaction Date (Month/Day/Year) (Month/Day/Year) Security 3. Stock, par value share 0 3/10/2010 S 1 Stock, par value share 1 Stock, par value	Address of Reporting Person* OLT STEPHEN M O (First) (Middle) RAIL RIDGE ROAD (Street) BOAT SPRINGS, CO 80488 O (State) Carrier (Month/Day/Year) Security Date (Month/Day/Year) A Stock, par value share D Stock, par val	2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO] 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2010 4. If Amendment, Date Original Filed(Month/Day/Year) 03/10/2010 4. If Amendment, Date Original Filed(Month/Day/Year) 03/10/2010 5. Equity 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 03/10/2010 6. Stock, par value share 03/10/2010 6. Stock, par value share 1	Address of Reporting Person* OLT STEPHEN M Colt STEPHEN M Cold STEPHEN M Co	Address of Reporting Person.* OLT STEPHEN M (Middle) (Street) (All All RIDGE ROAD (Street) (All All RIDGE ROAD (Street) (Street) (Street) (Street) (Street) (Street) (Street) (Street) (All All RIDGE ROAD (All All RIDGE ROAD (All All RIDGE ROAD) (Street) (All All RIDGE ROAD (All All RIDGE ROAD (All All RIDGE ROAD) (All All RIDGE ROAD (All All RIDGE ROAD) (All All RIDGE ROAD (All All RIDGE ROAD) (All All All All All All All All All All	Address of Reporting Person DLT STEPHEN M Col (1918) (191	2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO] RAIL RIDGE ROAD (Sireer) (Sireer) (Sireer) (Sire) (Sireer) (Sire) (Zip) (Zip) (Zip) (Zip) (Table I - Non-Derivative Securities Acquired, (A) or Exposed of, or Beneficially Owned Following Reported Transaction (Sintare) (Sire) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Sire) (A) (Zip) (Zip) (Zip) (Zip) (Zip) (Zip) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Sire) (A) (Code (V Amount (D) (D) (Instr. 3) (A) (Instr. 3) (Instr. 3, 4 and 5) (Instr. 3, 4 and 6) (Instr. 4) (Instr.	2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO] (Street) (Anoth/Day/Year) (Street) (Anoth/Day/Year) (Street) (Anoth/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Street) (Month/Day/Year) (Month/Day/Yea

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	03/12/2010
***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 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.