## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	VAL				
OMB Number:	3235-0287				
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

#### 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 Type	•			2.7		. T	100		,.	G .	1		5 Dol	ationchin	of Panartina	· Parcon(s) to	Iccuar	
Name and Address of Reporting Person Frank Mary Margaret				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						
	FEMALE	(First) HEALTH COM TREET, SUITE 2		3. Date 05/21			Transac	ction (M	1onth	/Day/Ye	ear)			Officer (give to	itle below)		r (specify belo	w)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ For	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 (City)		(State)	(Zip)				Tab	la I – N	on-D	orivativ	zo Socuri	tion A	canired D	hienosod o	f or Ronofi	cially Owner	1	
1.Title of Security 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if		3. T	ransact	etion 4. Sec (A) o		ecurities Acquired or Disposed of (D) r. 3, 4 and 5)		d 5. Am O) Owne			neficially	6.	7. Nature of Indirect Beneficial		
				(Mor	nth/E	Day/Yea		Code	v	Amou	(A) o		(Instr.	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common S share	Stock, par	value \$.01 per	05/21/2010					M		30,00	00 A	\$ 1.0	66 30,00	30,000			D	
Common S share	Common Stock, par value \$.01 per object of the object of t						F	z <u>(1)</u>		9,038	B D	\$ 5.5	51 20,96	62	Γ		D	
			Table II					t cquired	his fourre	orm are ntly va posed o	e not red llid OMB	quire con eficia	ed to respo trol numb ally Owned	ond unle er.		n contained n displays a		1474 (9-02
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. 5. Transaction of Code Se (Instr. 8) Ac or of (Ir			5. Number 6. I Exp		. Date Exercisab		ble and		7. Title and of Underlyi Securities (Instr. 3 and	ing		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form o Derivat Securit Direct ( or Indir	Owners (Instr. 4
				Code	V	(A)	(D)	Date Exerc	cisable		Expiration Date		Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	)
Common Stock Option	\$ 1.66	05/21/2010		М		3	30,000	11/22	2/200	04(2)	10/22/20	)14	Common Stock	30,000	\$ 0	0	D	
Report	ing O	wners		P.o.	latio	onships												

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Frank Mary Margaret C/O THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610	X						

## **Signatures**

/s/ James M. Bedore, Attorney-in-fact	05/24/2010
**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) Pursuant to a cashless option exercise program, the reporting person surrendered to The Female Health Company ("FHCO") the requisite number of shares subject to the option to pay the exercise price based on the market price of FHCO common stock on the trading day immediately preceding the date of exercise which was \$5.51 per share.
- (2) Options for one thirty-sixth of the shares vested on the 22nd of each month for the 36-month period commencing on November 22, 2004 and ending on October 22, 2007.

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.