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							
929 NORTH ASTOR, UNIT 2101 (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/19/2010								Office	r (give title belo	ow)	Other (specif	y belov	v)	
(Street)					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							
MILWA	UKEE, W	1 53202													, a o j 111010 unan	one responding	1 015011		
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu							ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			(Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Following	Ownership		7. Nature of Indirect Beneficial
								ode	V	Amoun	(A) or ot (D)	Price	(Instr. 3 and 4)		Direct (D or Indirec (I) (Instr. 4)	(Instr. 4)			
Common \$.01 per	Stock, pa	r value	08/19/20	010					P	·	1,000	\$	1.779	484,056)		D		
			Т	able II - D					quire	the f	orm dis	splays a o	currei eficial	ntly valid		spond unle trol numbe			
1 77:1 0	l.	2.77	124		-				ts, op			tible secur		.1 1	0 D: C	0.37 1	6 10		11 37 .
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execution Da		te, if Transaction Code Year) (Instr. 8)		ion	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of erlying irities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form Derive Securi Direct or Ind	of ative ty: (D) irect	Beneficial Ownershij (Instr. 4)	
						Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	¹ Title	Amount or Number of Shares					

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	08/20/2010			
**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).

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.