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* BETHUNE DAVID 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) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 11/27/2002							Office	r (give title belo	ow)	Other (specify b	elow)		
(Street) CHICAGO, IL 60654				4. If Amendment, Date Original Filed(Month/Day/Year) 12/04/2002						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)	Tab				ble I - Non-Derivative Securities Acqu					nired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea		(Instr. 8)		(A) (D)		Securities Acquir) or Disposed of) str. 3, 4 and 5)		Beneficial	nt of Securities Illy Owned Following Transaction(s) and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						C	Code	V	Amount (D) Price			(I) (Instr. 4)		(111311. 4)			
Common per share		r value \$.01	11/27/2002				P		2,000 (1)		\$ 1.75	29,500	1)		D		
Tellinder.	report on a :	soparate fine to	r each class of secur Table II - I	Derivative	Securit	ties Ac	equire	Perso conta the fo	ons whained in orm dis	o respo n this fo splays a of, or Be	rm ar curre	e not requently valid	OMB conf	formation spond unle trol numbe	ss	1474 (9-02)	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Month/Day/Y		3A. Deemed Execution Date	e, if Transaction Code ear) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Da and E (Mon	te Exerc Expiration tth/Day/	e Exercisable cpiration Date h/Day/Year) Expiration		Fitle and nount of derlying curities str. 3 and Amount or Number	Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownersh (Instr. 4)		
				Coe	de V	(A)	(D)					of Shares					

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BETHUNE DAVID R THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60654	X					

Signatures

/s/ James M. Bedore, Attorney-in-fact	10/27/2011
**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).
- The reporting person previously filed a Form 4 report on December 4, 2002 reporting the purchase of 5,000 shares of common stock on November 27, 2002. The reporting (1) person is amending the previously filed Form 4 report to correct the number of shares reported by the reporting person as purchased and the number of shares reported by the reporting person as beneficially owned following such purchase.

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.