## 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

Name and Address of Reporting Person * POPE MICHAEL					2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							Direc	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) FEMALE HEALTH CO, 515 NORTH STATE STREET STE 2225				3. Da 08/0	3. Date of Earliest Transaction (Month/Day/Year) 08/07/2012							X_Offic	X Officer (give title below) Other (specify below)  VP and General Manager				
(Street) CHICAGO, IL 60654				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form f	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)				Table I - Non-Derivative Securities Acqu							uired, Disp	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu- any	Deemed ution Date, if	3. Tran Code (Instr.		A. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Benefic Reporte	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			7. Nature of Indirect Beneficial		
				(Montl	th/Day/Year)	Code	·	7 Aı	mount	(A) or (D)	Price	(Instr. 3	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common \$.01 per	Stock, pa	r value	08/07/2012				S		40	0,000	D	\$ 6.002 (1)	64,797	•		D	
Common Stock, par value \$.01 per share		r value	08/08/2012				S		6,	6,045	D	\$ 6.011 (2)	5 58,752	3,752		D	
Reminder:	Report on a s	separate line	for each class of sec					Pe co th	erso ontai e foi	ns wh ined ir rm dis	o res n this splays	form a	re not req	ction of in uired to read OMB con	spond unle	ess	1474 (9-02)
			Table II		itive Sec uts, calls		-						ially Owned s)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day	Execution I any	Date, if	4. Transaction Code Year) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		,			e Ai Ui Se	Title and mount of nderlying ecurities nstr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficial Ownersh (Instr. 4)
					Code	V	(A) (		ate xerci		Expira Date	tion Ti	Amoun or Number of Shares				

### **Reporting Owners**

			Relationships						
Reporting Owner Name / Address		Director	10% Owner	Officer	Other				
POPE MICHAEL FEMALE HEALTH CO 515 NORTH STATE STREET CHICAGO, IL 60654	STE 2225			VP and General Manager					

### **Signatures**

/s/ James M. Bedore, Attorney-in-fact 08/09/2012

**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) The price reported above is the weighted average transaction price. The range of prices for such transactions is \$5.99 to \$6.05. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares sold at each separate price.
- (2) The price reported above is the weighted average transaction price. The range of prices for such transactions is \$5.99 to \$6.05. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares sold at each separate price.

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.