FORM 4

(Print or Type Pasnonses)

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 * WALTON MICHAEL R				2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
(Last	·)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/22/2003				-	Office	r (give title belo	ow)O	ther (specify belo	ow)		
(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 PersonForm filed by More than One Reporting Person					
(City	')	(State)	(Zip)		Table	e I - Noi	n-Deri	ivative	Securities A	Acquir	red, Dispo	osed of, or I	Beneficially C	wned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	if Co	(Instr. 8)				(D) Beneficial		lly Owned Following Transaction(s)		Ownership of Form: Edited to Direct (D)	Beneficial Ownership
						Code	V	Amoun	(A) or t (D)	rice	ce		(or Indirect (1 I) Instr. 4)	(nstr. 4)
				Derivative Secu		Acquir	ed, Dis	sposed	of, or Bene	ficiall	•		trol number		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	on 3A. Deemed Execution Day (Year) any	4. Transactic Code Year) (Instr. 8)	5. Nu of De Sec Ac (A) Dis of (In		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Tit Amor Unde Secur	tle and unt of crlying rities : 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)	
							Date	cisable	Expiration Date	Title	Amount or Number of				

Reporting Owners

D (O N (Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WALTON MICHAEL R						
	X					
,						

Signatures

/s/ Michael R. Walton	07/02/2003
**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) Options for one thirty-sixth of the shares vest on the 22nd of each month for the 36-month period commencing on April 22, 2003 and ending on April 22, 2006.

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.