## FORM 4

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

OMB APPROVAL
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hours per response... 0.5

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

	pe Response												
1. Name and Address of Reporting Person* LEEPER MARY ANN			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)	3. Date of Earliest Transaction (Month/Day/Year) 04/22/2003					X Office	Officer (give title below) Other (specify below)  President/Chief Operating Off.			low)
(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	r)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	(A) or	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		Beneficial	nt of Securities ally Owned Following I Transaction(s) and 4)		Ownership form:	7. Nature of Indirect Beneficial Ownership
					Code	V Amou	(A) or	Price			(I)		nstr. 4)
Reminder:	Report on a s	separate line to	i each class of secui	nies senenciany s		Persons w contained	ho respon	n are ı	not requ	ired to res	ormation spond unles trol number.	S	474 (9-02)
Reminder:	Report on a s	separate line to	i cacii ciass oi secui	inco ochericiany o		Persons w contained	ho respon	n are ı	not requ	ired to res	pond unles	S	474 (9-02)
1. Title of		3. Transaction	Table II -	Derivative Securit (e.g., puts, calls, wate, if Transaction Code Year) (Instr. 8)	ies Acquire arrants, op	Persons w contained the form di ed, Disposed tions, conve 6. Date Exe and Expirat (Month/Day	ho responding this form is plays a coof, or Bene retible securities able ion Date	ficially ities) 7. Titl Amou Under Securi	not required tly valid by Owned le and le and le rlying	iired to res OMB cont	spond unlestrol number.  9. Number of	10. Ownersh Form of Derivativ Security: Direct (Dor Indirect)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II -	Derivative Securit (e.g., puts, calls, was 4. Transaction Code Year) (Instr. 8)	ies Acquire arrants, op 5. Number of Derivative Securities Acquired (A) or Disposed	Persons w contained the form di ed, Disposed tions, conve 6. Date Exe and Expirat (Month/Day	ho responding this form is plays a coof, or Bene retible securities able ion Date	ficially ities) 7. Titl Amou Under Securi (Instr. 4)	not required tly valid by Owned le and cunt of rlying rities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (E or Indirect)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Ī	D ( O N /	Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ī	LEEPER MARY ANN						
		X		President/Chief Operating Off.			
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## **Signatures**

/s/ Mary Ann Leeper	06/30/2003
**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.