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

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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

1. Name and Address of Reporting Person* PARRISH O B		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_ Director10% Owner				
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/22/2003				X Officer (give title below) Other (specify below) Chairman/Chief Exec. Officer					
(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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	(Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	(A) or 1	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				ollowing (s)	Ownership form:	7. Nature of Indirect Beneficial Ownership
		(Month Bay Tear)	Code	V Amour	(A) or (D)	Price	or Indirect (Insti		(Instr. 4)		
								ction of inf			
		Derivative Securit	ies Acquirec	ontained i he form di	in this form splays a c of, or Bene	n are urren ficiall	not requ tly valid	ired to res	spond unles trol number.	S	1474 (9-02)
1. Title of Derivative Security (Instr. 3) 2.	on 3A. Deemed Execution Da any	e.g., puts, calls, wa 4. Transaction Code Year) (Instr. 8)	ies Acquirec arrants, opti 5. Number	ontained i he form di	of, or Benertible securiorisable on Date	ficially ficially fities) 7. Tit Amou Unde Secur	not requitly valid y Owned tle and unt of erlying	ired to res	spond unlestrol number. 9. Number of	10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Nature ip of Indirect Beneficial Ownershi (Instr. 4)

D (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PARRISH O B						
	X		Chairman/Chief Exec. Officer			
,						

Signatures

/s/ O.B. Parrish	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.