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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person* GARGIULO WILLIAM R JR			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				X_Officer (give title below) Other (specify below) Secretary						
(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 Person _ Form filed by More than One Reporting Person				le Line)	
(City))	(State)	(Zip)	Ta	able I - N	n-Deriv	ative Se	ecurities A	Acquir	ed, Dispo	osed of, or I	Beneficially O	wned	
1.Title of Security (Instr. 3)		Г	2. Transaction Date (Month/Day/Year)		(Instr. 8)	(4	(A) or Disposed of (I (Instr. 3, 4 and 5)		(D) E	Beneficial Reported	of Securities y Owned Following ransaction(s)		Ownership Form:	Beneficial
				(Month/Day/Year)	Code	VA	mount	(A) or (D) P	rice	(Instr. 3 and 4)		(Direct (D) Ow or Indirect (Ins (I) (Instr. 4)	Ownership (Instr. 4)
Reminder: I	Report on a s	separate line for	each class of secur	intes beneficially 0		Person contai	ned in	this forn	n are	not requ		ormation spond unles trol number.	s	1474 (9-02
Reminder: I	Report on a s	separate line for	each class of secul	Thes beneficially 0		Person								1474 (9-02)
1. Title of	2.	3. Transaction	Table II -	Derivative Securit (e.g., puts, calls, was te, if Transaction Code Year) (Instr. 8)	ies Acqui arrants, o	Person contai the for red, Disp ptions, co 6. Date and Ex (Month	ned in rm disp oosed of	this form plays a c f, or Bene ble securi isable n Date	ficially ficially ficially ficially 7. Tit Amou Under Secur	not required tly valid y Owned le and unt of rlying	OMB cont	spond unles	10. Ownersh Form of Derivativ Security. Direct (I	11. Nat ip of Indir Benefic Owners (Instr. 4
I. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -	Derivative Securit (e.g., puts, calls, wate, if Transaction Code Year) (Instr. 8)	ies Acqui arrants, o 5. Number of Derivativ Securities Acquired	Person contai the for red, Disp ptions, co 6. Date and Ex (Month	ned in rm disp cosed of onverti e Exerci xpiration	this form plays a c f, or Bene ble securi isable n Date	ficially ficially ficially ficially 7. Titi Amou Under Secur (Instr.	not required tly valid by Owned le and control of rlying rities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownersh Form of Derivativ Security Direct (I or Indire	ip of India Benefic Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GARGIULO WILLIAM R JR						
	X		Secretary			
,						

Signatures

/s/ William R. Garguilo, Jr.	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.