FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Ty	pe Response	s)													
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) 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 12/10/2008							Office	r (give title belo	ow)	Other (specify	pelow)
(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					
CHICAG	60, IL 606	10									_				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it			(A	(A) or Disposed of (I (Instr. 3, 4 and 5)			D) Beneficially Owned Followin Reported Transaction(s)		Collowing	6. Ownership Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Coo	ile.	V Ar	nount	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common \$.01 per	Stock, pa	r value	12/10/2008		A			,000			219,500			D	
				Derivative Securiti		uire	containe the forn d, Dispo	ed in n dis	this forr plays a c f, or Bene	m are curre	not requesting ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transactio			5.					T	itle and	& Price of	9. Number	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security		Year) Execution Da	te, if Transaction Code Year) (Instr. 8)		er tive ies ed ed	and Expiration Date (Month/Day/Year)		Amo Und Secu	ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)		Owners Form of Derivat Security Direct (or Indir	hip of Indirect Beneficial Ownersh (Instr. 4)	
				Code V	(A) (Date Exercisa		Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LEEPER MARY ANN 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610	X					

Signatures

James M. Bedore, Attorney-in-fact	01/06/2009		
**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).

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.