FORM 4

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

Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person * POPE MICHAEL					2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) FEMALE HEALTH CO, 515 NORTH STATE STREET STE 2225					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2009						X Officer (give title below) Other (specify below) VP and General Manager					
(Street) CHICAGO, IL 60610				4.	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 Acqui							ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Y	Year) Exe	Deemed ecution Date, if y Ionth/Day/Year)	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficial	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
				(141)	onui/Day/1 car)	Code	V	Amoun	(A) or (D)	Price	(msu. 3 a	January		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, par value \$.01 per share		05/20/2009			S		15,00	0 D	\$ 4.47	15,845			D			
			Table		, puts, calls, wa	ies Acquiro arrants, op	ed, Di	isposed (of, or Ber	neficial						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security			3A. Dee Execution	med on Date, i	y puts, calls, wa 4. Transaction Code r) (Instr. 8)	the form dis es Acquired, Disposed of rrants, options, converte 5. 6. Date Exerc			of, or Beneficial tible securities) cisable 7. Ton Date Am (Year) Und		ntly valid OMB contained ly Owned 8. Price of			of 10. Ownersl Form of	Ownership (Instr. 4)	
						Disposed of (D) (Instr. 3, 4, and 5)							Transaction(s (Instr. 4)			
					Code V	(A) (D)	Date Exer		Expiratio Date	Title	Amount or Number of Shares					
Repor	ting O	wners														
					Relationships											
Reporting Owner Name / Address Di				Director	ctor 10% Owner Officer					Other						

VP and General Manager

Signatures

POPE MICHAEL FEMALE HEALTH CO

CHICAGO, IL 60610

/s/ James M. Bedore, Attorney-in-fact	05/21/2009
**Signature of Reporting Person	Date

Explanation of Responses:

515 NORTH STATE STREET STE 2225

- * 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.