FORM 4

(Print or Type Responses)

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

| OMB APPI | ROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|--|
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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

| 1. Name and Address of Reporting Person * BETHUNE DAVID R | | | 2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHC] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|----------------|--|--|---|-------|---|----------------------------|--------------------------|--------------------------|---|---|---|-----------------------------|---|--|------------------------|
| (Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2009 | | | | | | | Officer (give to | tle below) | Other (| specify below) | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ Fo | 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 | O, IL 6061 | .0 | | | | | | | | | | in thea by ivi | ore than one re | porting r crson | | |
| (City |) | (State) | (Zip) | | | | Tab | le I - No | n-Deriva | tive Securities | Acquired, I | Disposed o | f, or Benefi | cially Owned | | |
| 1.Title of Se (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Yea | r) any | ition | Date, if | Cod | ransactio e tr. 8) | (A) | ecurities Acquir or Disposed of tr. 3, 4 and 5) | (D) Owned Transa | d Followin action(s) | curities Bene g Reported | C | wnership orm: | Beneficial |
| | | | | (Month/D | | ay/Year) | C | ode | V Am | (A) or (D) | (Instr. | Instr. 3 and 4) | | 0 | r Indirect | Ownership Instr. 4) |
| Reminder: R | deport on a se | parate line for each | class of securities be | - Deriv | ative | e Securiti | es A | th cu | ersons vis form irrently | who respond are not required are not required all of the condition of the | ed to resp ntrol numb | ond unle er. | | | in SEC 1 | 474 (9-02) |
| Derivative | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code |) | 5. Numb of Deriva Securitie Acquired or Dispo of (D) (Instr. 3, and 5) | ative s l (A) sed | Expirat (Month | /Day/Ye | | 7. Title and of Underly Securities (Instr. 3 an | ing | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | (Instr. 4) |
| | | | | Code | V | (A) | (D) | | | | | Shares | | | | |
| Common Stock Option | \$ 3.92 | 05/29/2009 | | A | | 30,000 | | 06/29 | /2009 ⁽¹ | 05/29/2019 | Commor Stock | 30,000 | \$ 0 | 30,000 | D | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| BETHUNE DAVID R THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610 | X | | | | | |

Signatures

| /s/ James M. Bedore, Attorney-in-fact | 06/01/2009 |
|---------------------------------------|------------|
| **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).
- (1) Options for one thirty-sixth of the shares vest on the 29th of each month for the 36-month period commencing on June 29, 2009 and ending on May 29, 2012.

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.