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 * PARRISH O B				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) 06/11/2009						X Officer (give title below) Other (specify below) Chairman, CEO and COO						
(Street) CHICAGO, IL 60610				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)		T	able I	- Non	-Der	ivative S	ecurities	Acqu	ired, Dispo	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial			
				(Month/Day/Year)			ode	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common per share		r value \$.01	06/11/2009				G	V	8,500	D	\$ 0	371,400	l		D	
Common per share		r value \$.01										225,000			I	Note (1)
Common per share		r value \$.01										233,501			I	Note (2)
Reminder:	Report on a s	separate line fo	r each class of secur	ities benefic				Pers cont the f	ons who ained in orm dis	respon this for plays a	rm are curre	not requesting ntly valid		ormation spond unle trol numbe	ss	1474 (9-02)
1 771 6	0	a.m:	(e.g., puts, c	alls, w	arran		tions,	convert	ble secu	rities)		0.00	0.37 1	0 10	11.37
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) any		Execution Da	e, if Transaction Code of Instr. 8) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		rative rities ired r osed)	and Expiration Date (Month/Day/Year) Art Ur.			Amo Und Secu (Ins	ount of erlying urities r. 3 and Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)		
				Code	e V	(A)	(D)	Date Exer		Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PARRISH O B 515 NORTH STATE STREET SUITE 2225 CHICAGO, IL 60610	X		Chairman, CEO and COO			

Signatures

/s/ James M. Bedore, Attorney-in-fact	06/15/2009

**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) The reporting person is deemed to indirectly own these shares which are held by the Geneva O. Parrish 1996 Living Trust of which Mr. Parrish is beneficiary and for which Mr. Parrish may be deemed to share voting and investment power.
- (2) The reporting person is deemed to indirectly own 233,501 shares held by Phoenix Health Care of Illinois, Inc. ("Phoenix"), of which the reporting person is an officer, director and shareholder. The reporting person disclaims beneficial ownership in the shares held by Phoenix except to the extent of his pecuniary interest therein.

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.