## FORM 4

# 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

(Print or Typ	e Responses)	)															
1. Name and Address of Reporting Person – DEARHOLT STEPHEN M				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 X 10% Owner				
(Last) (First) (Middle) 36365 TRAIL RIDGE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 09/25/2009									Officer (give t	itle below)		er (specify bel	ow)
		(Street)		4. If An	nend	ment, Dat	e Orig	inal File	ed(Month	/Day/Ye	ear)	_X_	ndividual or . Form filed by O Form filed by M	ne Reporting Pe	erson	Applicable Lin	e)
		INGS, CO 80488															
(City	)	(State)	(Zip)				Table	I - Non	-Deriva	ative S	ecurities	<b>Acquired</b>	, Disposed o	f, or Benefi	cially Owne	d	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if	(Instr. 8)		(A)	4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)				ecurities Beneficially ng Reported		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
							Coo	le \	/ Am	ount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, par value \$.01 per share			09/25/2009				M	]	70,	000	A	\$ 0.40 1,5	95,492			D	
Common Stock, par value \$.01 per share			09/25/2009				M	[	280	,000	A	\$ 0.45 1,8	375,492			D	
Common Stock, par value \$.01 per share												28,	28,500			I	Note (1)
Common Stock, par value \$.01 per share												69	69,500			I	Note (2)
Common Stock, par value \$.01 per share												27.	5,820			I	Note (3)
Common Stock, par value \$.01 per share												41	418,100			I	Note (4)
Reminder: R	deport on a se	eparate line for each		- Deriv	ative	e Securitio	es Acq	Per in t a c juired, l	rsons v this for turrent	m are ly vali	e not red id OMB or Benefi	quired to control n cially Owr					2 1474 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	4.	juis,	5. Numb			Exerci				nd Amount	8 Price of	9. Number	of 10.	11. Natu
Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, if   Transaction   Derivative   Code   Securities   Execution Date, if   Transaction   Code   Code			Expira (Montl	Expiration Date of Un (Month/Day/Year) Secu						Derivative Securities Beneficially Owned Following Reported Transaction(s	Owner Form of Deriva Securit Direct or Indi	ship of Indire Benefice Uwnersl (Instr. 4)				
				Code	V	(A)	(D)	Date Exercis	sable	Expii Date	ration	Title	Amount or Number of Shares		(Instr. 4)	(Instr.	4)
Common Stock Purchase Warrant	\$ 0.40	09/25/2009		M		70,000		02/12	2/2001	02/1	2/2011	common	70,000	\$ 0	0	D	
Common Stock Purchase Warrant	\$ 0.45	09/25/2009		M		280,000	0	03/25	5/2001	03/2	25/2011	common	280,000	\$ 0	0	D	

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DEARHOLT STEPHEN M 36365 TRAIL RIDGE ROAD STEAMBOAT SPRINGS, CO 80488	X	X					

#### **Signatures**

/s/ James M. Bedore, Attorney-in-fact	09/28/2009		
**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) Shares are held by the reporting person's self-directed IRA.
- (2) Shares are held by a profit sharing plan, of which the reporting person is a beneficiary.
- (3) Shares are held by a trust, of which the reporting person is a trustee.
- (4) Shares are held by a trust, of which the reporting person is a trustee.

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.