(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response...

5. Relationship of Reporting Person(s) to Issuer

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person\*

### 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

2. Issuer Name and Ticker or Trading Symbol

WALTON MICHAEL R					FEMALE HEALTH CO [FHCO]								X_ Director10% Owner						
929 NORTH ASTOR, UNIT 2101 (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/26/2010									-	Of	fficer (give ti	tle below)	Other	(specify below	v)
(Street) MILWAUKEE, WI 53202				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 Acquired, Disposed of, or Beneficially Owned														
			2. Transaction Date (Month/Day/Year	Execu any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			(D)	d 5. Amount of Securities Beneficially			] ] ]	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Cod	de	v	Amou		(A) or (D)	Price				(	I) Instr. 4)	(111511. 4)
Common Stock, par value \$.01 per share 01/26/201			01/26/2010			М	I		50,00	00	A 5	\$ 1.40	423,0	56		1	)		
Common share	Stock, par	value \$.01 per	01/26/2010				М	[		30,00	00	A [5]	\$ 1.66	453,0	56		]	)	
Common share	Stock, par	value \$.01 per	01/26/2010				М	[		30,00	00		\$ 1.27	483,0	56		1	)	
			Table II					c	urren I, Disp	ntly va	alid of, o	OMB co	ontrol r	numbe		ss the forn	n displays a		
1. Title of Derivative Security (Instr. 3)  2. Date Date Execution Date, if Execution Date, if Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)			4. 5. Numb Transaction of Deriv Code Securitie			ber de			Date		7. Tit of Un Secur	nderlyii			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivativ Security: Direct (D or Indirect	Ownersh: (Instr. 4)		
				Code	V	(A) (		Date Exerci	sable		Expi Date	iration	Title		or Number of Shares				
Common Stock Option	\$ 1.40	01/26/2010		M		50	,000 0	)5/22	2/200	3(1)	04/2	22/2013	3	nmon ock	50,000	\$ 0	0	D	
Common Stock Option	\$ 1.66	01/26/2010		M		30	,000 1	1/22	2/200	)4 <sup>(2)</sup>	10/2	22/2014	1	nmon ock	30,000	\$ 0	0	D	

30,000 11/12/2006<sup>(3)</sup> 10/12/2016 Common

30,000

Stock

\$ 0

D

## **Reporting Owners**

\$ 1.27

Common

Stock

Option

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WALTON MICHAEL R 929 NORTH ASTOR, UNIT 2101 MILWAUKEE, WI 53202	X						

01/26/2010

## **Signatures**

/s/ James M. Bedore, Attorney-in-fact

01/27/2010

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**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 vested on the 22nd of each month for the 36-month period commencing on May 22, 2003 and ending on April 22, 2006.
- (2) Options for one thirty-sixth of the shares vested on the 22nd of each month for the 36-month period commencing on November 22, 2004 and ending on October 22, 2007.
- (3) Options for one thirty-sixth of the shares vested on the 12th of each month for the 36-month period commencing on November 12, 2006 and ending on October 12, 2009.

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.