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)Director10% Owner						
(Last) (First) (Middle) FEMALE HEALTH CO, 515 NORTH STATE STREET STE 2225					3. Date of Earliest Transaction (Month/Day/Year) 12/08/2010								X Officer (give title below) Other (specify below) VP and General Manager						
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(City	GO, IL 606	(State)		(Zip)			T	able I	- Nor	ı-De	rivative S	Securit	ies Acq	quire	ed, Dispo	osed of, or I	Beneficially (Owned	
1.Title of Security 2. Transacti Date (Month/Day			nsaction th/Day/Year)	Execu any		- ,	if Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	f (D) Benefici Reported		ant of Securities ially Owned Following d Transaction(s)		Ownership Form:	Beneficial		
				(Month/Day/Year)		ear)	Со	de	v	Amount	(A) or (D)	Price		(Instr. 3 and 4)			Direct (D) Or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common \$.01 per	Stock, pashare	r value	12/0	8/2010				S	\$		40,000	D	\$ 5.713 (1)	32	44,797			D	
Common Stock, par value \$.01 per share		r value	12/1	0/2010			A		L		30,000	A	\$ 0		74,797		D		
Reminder:	Report on a s	separate line	for each	class of secu	rities b	peneficial	lly o	wned		-									
										con	tained i	n this	form a	are r	not requ		ormation spond unle trol numbe	ss	1474 (9-02)
				Table II -							Disposed o				Owned				
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		3. Transacti Date (Month/Day	y/Year) Ex	3A. Deemed Execution Da any	te, if Transaction Code Year) (Instr. 8)		5.		6. I and	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ar Ur Se	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Ownersl (Instr. 4) D) ect	
						Code	V	(A)	(D)	Dat Exe	-	Expira Date	tion Ti	itle	Amount or Number of Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
POPE MICHAEL FEMALE HEALTH CO 515 NORTH STATE STREET STE 2225 CHICAGO, IL 60654			VP and General Manager					

Signatures

/s/ James M. Bedore, Attorney-in-fact 12/10/2010

**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 price reported above is the average transaction price. The range of prices for such transactions is \$5.700 to \$5.761. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares sold at each separate price.

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.