## 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 Type	e Response	s)													
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) 12/13/2010							er (give title belo		Other (specify	below)
(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			
STEAMB	OAT SPI	RINGS, CC	80488												
(City)		(State)	(Zip)		Ta	able I - N	on-D	erivative S	Securi	ties Acqu	ired, Disp	osed of, or I	Beneficially	Owned	
(Instr. 3) Date (Month/Day/Year)		Execu			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			7. Nature of Indirect Beneficial		
			(Mont	(Month/Day/Year)		V	Amoun	(A or t (D		(Instr. 3 and 4)			Direct (D) or Indirec (I) (Instr. 4)		
Common Stock, par value \$.01 per share		12/13/2010			S		150,00	0 D	\$ 5.50 (1)	2,209,781		D			
Common Stock, par value \$.01 per share										30,650		I	Note (2)		
Common Stock, par value \$.01 per share										69,500		I	Note (3)		
Common Stock, par value \$.01 per share										275,820		I	Note (4)		
Common Stock, par value \$.01 per share										418,100			I	Note (5)	
Reminder: Re	eport on a s	separate line f	or each class of sec	urities b	eneficially or	wned dire	Pe	rsons wh	o res	form are	e not requ	ction of inf uired to res I OMB conf	spond unle	ess	C 1474 (9-02)
			Table II		itive Securit uts, calls, wa						lly Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transactic Date (Month/Day/	Execution D	l Date, if	4. Transaction Code 5. Number of		6. an (M	Date Exere d Expiration	Date Exercisable Expiration Date Onth/Day/Year)		Title and ount of derlying urities str. 3 and 8. Price Derivati Security (Instr. 5		f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	ottive Ownershi (Instr. 4) (D) (Irrect
					Code V	(A) (I			Expira Date	Titl	Amount or Number of Shares				

### **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	12/13/2010
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 \$5.50 to \$5.50014. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares sold at each separate price.
- (2) Shares are held by the reporting person's self-directed IRA.
- (3) Shares are held by a profit sharing plan, of which the reporting person is a beneficiary.
- (4) Shares are held by a trust, of which the reporting person is a trustee.
- (5) 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.