# 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											
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) 12/16/2010						X Officer (give title below) Other (specify below)  Chairman, CEO and President					
(Street) CHICAGO, IL 60654				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 Acqui						ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquire (A) or Disposed of ( (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities lly Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial		
				(Month/Day/ Ye		Code	V	Amount	(A) or (D)	Price	or Ind (I)		or Indirect	Ownership (Instr. 4)	
Common \$.01 per s	Stock, pa	r value	12/16/2010			A		45,000	A	\$ 0	421,600	1		D	
Common Stock, par value \$.01 per share										225,000		I	Note (1)		
Common Stock, par value \$.01 per share										233,501		I	Note (2)		
Reminder:	Report on a s	separate line fo	or each class of secur	ities beneficially			Pers cont the f	ons who ained in form dis	respoi this for plays a	m are curre	not requesting ntly valid	OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)
4 571 0		I	(	e.g., puts, calls,	warra		tions	, convert	ble secu	rities)				2 4 2	Lee as
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execution Da	4. 5. Number Code (Instr. 8) Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5		ivative urities uired or bosed D) tr. 3,			Ame Und Seco	nount of derlying curities str. 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 V	(A)	(D)	Date Exer	e l rcisable l	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 60654	X		Chairman, CEO and President			

## **Signatures**

/s/ James M. Bedore, Attorney-in-fact	12/21/2010

**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 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 a 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.