FORM 4

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

| OMB APPR | OVAL | |
|--------------------|--------|-----|
| OMB Number: | 3235-0 | 287 |
| Estimated average | burden | |
| nours per response | e | 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

| | pe Kesponses | | | | | | | | | | | | | | / N = | |
|---|---------------------|--|----------------------|---|--|-------------------------|--|--|------------------|-----------------------------|---|---|--------------------|---|-------------------------|-------|
| 1. Name and Address of Reporting Person * LEEPER MARY ANN | | | | | 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) 06/08/2012 | | | | | | | Office | r (give title belo | w)(| Other (specify b | elow) |
| (Street) CHICAGO, IL 60654 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqu | | | | | | es Acqui | ired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | Execu | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | | ction | tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Following (s) | Ownership of Form: | Beneficial | |
| | | | (Mont | | | ode | V | Amount | (A) or (D) | Price | (Instr. 3 a | ind 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common \$.01 per s | Stock, par share | r value | 06/08/2012 | | | | S | | 3,500 | D | \$ 5.40 | 76,800 | | | D | |
| Common \$.01 per s | Stock, par share | r value | 06/11/2012 | | | \$ | S | | 1,200 | D | \$ 5.3533 | 75,600 | | | D | |
| Reminder: | Report on a s | separate line f | or each class of sec | urities b | peneficially | owned | direc | tly o | r indirectl | ly. | | | | | | |
| | | | | | Persons who respond to the collection of information SEC contained in this form are not required to respond unless the form displays a currently valid OMB control number. | | | | | | 1474 (9-02) | | | | | |
| | | | Table II | | ative Secur | | | | | | | ly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day | Execution I | l Pate, if | 4. Transaction Code | 5. Num of Deri | ber vative rities nired or osed 0) | and Expiration Date (Month/Day/Year) A U So (I 4) | | 7. Ti Amo Und Secu | rities (Instr. 5) Benefi Owned Follow Report Transa (Instr. | | | e Ownership of In Form of Derivative Security: Direct (D) or Indirect | | |
| | | | | | Code V | (A) | (D) | Da Ex | | Expirati Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| LEEPER MARY ANN 515 NORTH STATE STREET SUITE 2225 CHICAGO, IL 60654 | X | | | | | | |

Signatures

| /s/ James M. Bedore, Attorney-in-fact | 06/12/2012 |
|---------------------------------------|------------|
| 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).

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.