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 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	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) FEMALE HEALTH CO, 515 NORTH STATE STREET STE 2225					3. Date of Earliest Transaction (Month/Day/Year) 09/07/2012									X_Office	er (give title belo VP ar	ow) ad General M	Other (specify lanager	pelow)		
(Street) CHICAGO, IL 60654				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 PersonForm filed by More than One Reporting Person							
(City)	(State)		(Zip)		Table I - Non-Derivative Securities Acqui						cquir	ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)					if Code (Instr. 8)		(A) or Disposed of (D (Instr. 3, 4 and 5)			Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	Beneficial				
					(Month/Day/Year)		Co	de	V	Amount	(A) or (D)	Pri	ice	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock, par value \$.01 per share		09/07/	/2012				S		30,446	D	\$ 6.87 (1)	762	250			D				
Reminder:	Report on a s	separate line f	or each o	Table II -	Deriva	ative Sec	urit	ies Ac	quire	Person the	sons whatained in form dis	no responding this splays	form a cu Benefi	are irrenticially	not requ tly valid		ormation spond unle rol numbe	ss	1474 (9-02)	
1 Tide of	2.	2 Tuomas ati	12		<i>(e.g.</i> , p		s, w		ts, op		s, conver				la and	8. Price of	O. Namahan	of 10.	11. Nati	
	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day	Year) Execution	8A. Deemed Execution Da uny Month/Day/		Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year) U1			Amou Under Secur (Instr.	le and unt of rlying rities 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	of Indirect Beneficia Ownershi (Instr. 4)		
						Code	V	(A)	(D)	Dat Exe	-	Expira Date	ation ,	Title	Amount or Number of Shares					

Reporting Owners

	Relationships							
Reporting Owner Name / Address		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	09/10/2012		
**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).
- (1) The price reported above is the weighted average transaction price. The range of prices for such transactions is \$6.85 to \$6.94. 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.