FORM 4

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

OMB APPROVAL					
OMB Number:	3235-028				
Estimated average burden					
hours per response	0.				

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 Typ	e Responses)																
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 10% Owner					
(Last) (First) (Middle) 36365 TRAIL RIDGE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 06/14/2013									Officer (give	title below)	Oth	er (specify belo	ow)	
(Street) STEAMBOAT SPRINGS, CO 80488				4. If Amendment, Date Original Filed(Month/Day/Year) 06/17/2013									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 Acq							Securities	s Acquire	lired, Disposed of, or Beneficially Owned					
1.Title of Security (2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		ion	(A) or I	rities Acqu Disposed on , 4 and 5)	red 5. Amount of Securities Benefit		d	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership				
					,		Coc	de	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common share	Stock, par	value \$.01 per	06/14/2013				М]		30,000	A	\$ 1.66 2,	176,693			D		
Common Stock, par value \$.01 per share		06/14/2013				F ⁽¹	F(1)		5,046	11)	\$ 9.87 2,	2,171,647			D			
Common Stock, par value \$.01 per share											12	25,150			I	Note (2)		
Common Stock, par value \$.01 per share											40	00,000			I	Note (3)		
Reminder: R	Report on a se	eparate line for each			-			F ii a	Person this	ons who s form a rently v	re not re alid OMB		respond u number.		on containe form displa		1474 (9-02)	
1 77:1 6	l _a	2 m		(e.g., pt	ıts, c	alls, w	varrants	, opti	ions, c	converti	ble securit	ties)		8. Price of	10.37	6 10	1,, 3,, .	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion	of De Secur Acqu	rivative rities rited (A) sposed) . 3, 4,	(Month/Day/Year) osed (A)			of Under Securitie	7. Title and Amount of Underlying Do Securities (Instr. 3 and 4)		Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form o Derivat Securit Direct (or India	ive Ownershi (Instr. 4) D) ect		
				Code	v	(A)		Date Exer	cisabl		piration e	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	·)	
Common Stock Option	\$ 1.66	06/14/2013		M		3	30,000	10/2	22/20	007 10	/22/2014	Comm	- 130 000	\$ 0	0	D		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DEARHOLT STEPHEN M 36365 TRAIL RIDGE ROAD STEAMBOAT SPRINGS, CO 80488	X						

Signatures

/s/ James M. Bedore, Attorney-in-fact	06/17/2013			
**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) Pursuant to a cashless option exercise program, the reporting person surrendered to The Female Health Company ("FHCO") the requisite number of shares subject to the option to pay the exercise price based on the market price of FHCO common stock on the trading day immediately preceding the date of exercise which was \$9.87 per share.
- (2) Shares are held by the reporting person's self-directed IRA.
- (3) 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.