# 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. 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)<br>36365 TRAIL RIDGE ROAD                    |               |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 07/21/2013         |  |         |                          |  |  | Office   | er (give title belo   | ow)                      | Other (specify l   | elow)   |  |                         |
| (Street)   |               |   |  | 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 |   |                          |  |   |  |                         |
| STEAMBOAT SPRINGS, CO 80488  (City) (State) (Zip)                    |               |   | Table I - Non-Derivative Securities Again          |   |  |         |                          |  | ired, Disposed of, or Beneficially Owned |  |   |                          |  |   |  |                         |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |               | 2A. Deemed<br>Execution Date, if<br>any |  | (Instr. 8)  |  |         |                          |  | uired<br>of (D)                          | red 5. Amount of Securities  |   | es<br>Following          | 6.<br>Ownership<br>Form:   | 7. Nature of Indirect Beneficial                    |  |                         |
|  |               |   |  | (Month/Day/Year)  |  |         | ode                      | V  | Amoun                                    | (A) or (D)   | Price   | (Instr. 5 and 4)         |  |   | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Ownership<br>(Instr. 4) |
| Common per share   | Stock, pa     | r value \$.01                           | 07/21/2013   |   |  | (       | G                        | V  | 1,528                                    | D  | \$ 0  | 2,170,1                  | 19   |   | D  |                         |
| Common per share   |               | r value \$.01                           |  |   |  |         |                          |  |  |  |   | 125,150                  | •  |   | I  | Note (1)                |
| Common per share   |               | r value \$.01                           |  |   |  |         |                          |  |  |  |   | 400,000                  | )  |   | I  | Note (2)                |
| Reminder: 1  | Report on a s | separate line fo                        | r each class of securi                             | Derivative S  | Securit                                      | ies Acc | quire                    | Pers<br>conta<br>the f                                   | ons who                                  | respon<br>this for<br>plays a  | m are<br>curre<br>eficial   | e not requ<br>ntly valid | OMB con  | formation<br>spond unle<br>trol numbe               | ess  | 1474 (9-02)             |
| Derivative Conversion Date   |               |   | Transaction 3A. Deemed Execution Da onth/Day/Year) |   | (e.g., puts, calls, warrants, operation)  4. |         | ative ities ired rosed ) | 6. Date Exercisable and Expiration Date (Month/Day/Year) |  | 7. T<br>Amo<br>Und<br>Secu<br>(Ins:<br>4)  | Title and ount of derlying urities tr. 3 and Security (Instr. 5)  Amount or |                          | Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | Owners Form of Derivate Security Direct ( or Indire | Ownersh (Instr. 4) D) ect                      |                         |
|  |               |   |  |   | e V  | (A)     | (D)                      |  | cisable 1                                |  | Title   | e Number<br>of<br>Shares |  |   |  |                         |

### **Reporting Owners**

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

#### **Signatures**

| /s/ James M. Bedore, Attorney-in-fact | 07/22/2013 |
|---------------------------------------|------------|
|                                       |            |

| **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) Shares are held by the reporting person's self-directed IRA.
- (2) 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.