FORM 4

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

| OMB APPROVAL | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | |
|--|-------------------------------|----------------|--|---|---|-----------------|--------------------------|--|--------|---|---|---|---------------------|--|---------------|---|---|---------------------|--|
| 1. Name and Address of Reporting Person *- WALTON MICHAEL R | | | | 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 | | | | | | | | |
| 929 NORTH ASTOR, UNIT 2101 (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2013 | | | | | | | Office | er (give title belo | ow) | Other (speci | y belov | v) | | |
| (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 | | | | | | | | |
| MILWA | UKEE, W | 1 53202 | | | | | | | | | | | | | | one reporting | . 015011 | | |
| (City | ') | (State) | | (Zip) | | • | Γabl | e I - | Non | -Der | ivative : | Securities | Acqu | iired, Disp | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security 2. Transa Date (Month/D | | | Executi any | Deemed cution Date, if | if (| Code (Instr. 8) | | etion | (A) or | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Beneficially Owned For Reported Transaction(| | ollowing | Form: | ip of Be | 7. Nature of Indirect Beneficial | | |
| | | | | | (Mor | nth/Day/Ye | ar) | Coo | de | v | Amour | (A) or (D) | Price | or Inc | | | Direct (I or Indire (I) (Instr. 4) | | wnership nstr. 4) |
| Common per share | Common Stock, par value \$.01 | | | 9/2013 | | | | D | 7,0 | | 7,000 | D | \$ 0 | 114,958 | | | D | | |
| | | | | Table II - I | | ative Secur | | | uire | cont the f | ained i orm dis | n this for splays a of, or Ben | m ar curre | e not requently valid | OMB cont | ormation spond unle trol numbe | ss | C 14. | 74 (9-02) |
| 1. Title of | 2 | 3. Transaction | 1 3 | BA. Deemed | · · | 4. | 5. | ants | _ | | | | |) Γitle and | 8 Price of | 9. Number | of 10. | | 11. Natur |
| Derivative Security (Instr. 3) | | Date | ate Execution Da Annth/Day/Year) Execution Da | | tte, if Transaction Code (Instr. 8) | | of De Se Ac (A Di of (Ir | Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Am Uno Sec | nount of derlying curities str. 3 and | | Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Deriv Secur Direct or Inc | of ative ity: t (D) | of Indired Beneficia Ownersh (Instr. 4) |
| | | | | | | Code V | (A | x) (| (D) | Date Exer | | Expiration Date | n Titl | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WALTON MICHAEL R 929 NORTH ASTOR, UNIT 2101 MILWAUKEE, WI 53202 | X | | | | | | |

Signatures

| /s/ James M. Bedore, Attorney-in-fact | 09/10/2013 | | | |
|---------------------------------------|------------|--|--|--|
| -*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).

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.