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

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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 * BETHUNE DAVID R				2. Issuer Name <b>and</b> 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) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225					3. Date of Earliest Transaction (Month/Day/Year) 12/12/2013							Office	er (give title belo	ow)	Other (specify	below)
(Street) CHICAGO, IL 60654				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 Acquired, Disposed of, or Beneficially Owned						Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Exect any	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		f (D) Benefici Reported		ally Owned Following  1 Transaction(s)			Beneficial	
				(Mon			Code	V	V Amount (A) or (D) Pri		Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, par value \$.01 per share		12/12/2013			A		14,382	2 A	\$ 0	195,015		D				
reminder.	report on a s	separate fine for	Table II - 1	Deriva	ntive Seco	uriti		Pers conta the f	ons wh ained in orm dis	no respor n this for splays a o	m are currer eficiall	not requality valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Da	te, if	4. , if Transaction Code ear) (Instr. 8)		5.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Ownershi (Instr. 4) D)	
					Code	V	(A) (D)	Date Exer		Expiration Date	Title	Amount or Number of Shares				
Renor	ting ()	wners														

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BETHUNE DAVID R THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60654	X						

# **Signatures**

/s/ James M. Bedore, Attorney-in-fact	12/16/2013
**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.