## 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. 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				377	3. Date of Earliest Transaction (Month/Day/Year) 12/16/2013						X_ Officer (give title below) Other (specify below)  VP and General Manager					
(Street) CHICAGO, IL 60654				4. I	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				
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea	Year) Exe	A. Deemed xecution Date, if by Month/Day/Year)	Code (Instr. 8)		on 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			Beneficial Reported	lly Owned F Transaction	of Securities Owned Following		7. Nature of Indirect Beneficial	
			(Mo	Code		V	Amoun	(A) or (D)	Price	o		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
Common \$.01 per	Stock, pa	r value	12/16/2013			A		22,500	A	\$ 0	22,750			D		
			Table II			ies Acquire	d, Di	isposed (	of, or Ben	eficial	•	OMB cont	trol numbe	r.		
	2. Conversion or Exercise Price of Derivative Security	3. Transactior Date (Month/Day/\)	3A. Deeme Execution any	(e.g., ) ned n Date, if	puts, calls, wa 4. f Transaction Code (Instr. 8)	irrants, op 5.	6. Da		tible secur cisable on Date	sable 7. Title and 8. Price of 9. Number Derivative Derivative			Ownership of Form of Derivative Security: Direct (D) or Indirect	ve Ownership (Instr. 4)		
						(Instr. 3, 4, and 5)	Date Exer		Expiration Date	1 Title	Amount or Number of Shares		(lisu. 4)	(IIIsu. 4		
Repor	ting O	wners														
						Relationsh	iips									
Reporting Owner Name / Address Dire				irector	tor 10% Officer					Other						

VP and General Manager

### **Signatures**

POPE MICHAEL FEMALE HEALTH CO

CHICAGO, IL 60654

/s/ James M. Bedore, Attorney-in-fact	12/16/2013		
**Signature of Reporting Person	Date		

Owner

## **Explanation of Responses:**

515 NORTH STATE STREET STE 2225

- \* 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.