

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

OMB APPROVAL				
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INITIAL STATEMENT OF 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 Type Responses)								
Name and Address of Reporting Person* Ostrowski Susan	Statemen	2. Date of Event Requiring Statement (Month/Day/Year) 07/10/2014		3. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]				
(Last) (First) (Middle) C/O THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225 (Street)	07/10/2			Director X Officer (give tit below)	all applicable)	Filed(Mon	5. 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	
CHICAGO, IL 60654				Exec VI of	New Business D	Applicable I _X_ Form fi		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)		2. Amount of Se Beneficially Ow (Instr. 4)		rned		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, par value \$0.01 per share		12,000		D				
Reminder: Report on a separate line for each cl Persons who res unless the form of	pond to the c lisplays a cur	ollection rently va	of information	on contained in t		·		
(Instr. 4) and Exp (Month/Da) Date				Amount of nderlying Derivativ	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title Amour	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)		
Donorting Owners								

Reporting Owners

	Relationships			
Reporting Owner Name / Address		10% Owner	Officer	Other
Ostrowski Susan C/O THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60654			Exec VP of New Business Dev	

Signatures

/s/ Susan Ostrowski	07/16/2014
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

POWER OF ATTORNEY

THE FEMALE HEALTH COMPANY

The undersigned, a director, officer and/or shareholder of The Female Health Company, a Wisconsin corporation (the "Company"), who is subject to the reporting requirements of section 16(a) of the Securities Exchange Act of 1934, does hereby constitute and appoint O.B. Parrish and James M. Bedore, and each of them, each with full power to act without the other and with full power of substitution and resubstitution, as attorneys or attorney to sign and file in her name, place and stead, in any and all capacities, a Form 4, Form 5 or any successor form for reporting the undersigned's transactions in and holdings of the Company's equity securities for purposes of section 16(a) of the Exchange Act, and any and all other documents to be filed with the Securities and Exchange Commission pertaining to or relating to such forms, with full power and authority to do and perform any and all acts and things whatsoever required and necessary to be done, hereby ratifying and approving the acts of said attorneys and each of them and any substitute or substitutes.

Executed as of July 16, 2014.

/s/ Susan Ostrowski Susan Ostrowski