FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

| | pe Response | - / | | _ | | | | | | | | | | | |
|---|---|---------|--|---|---|---|--|---|---|---|--|--|--------------------------|---|---|
| Name and Address of Reporting Person * King Karen Louise | | | | 2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | |
| (Last) (First) (Middle) 515 NORTH STATE STREET, SUITE 2225 | | | | 3. Date of Earlie 02/05/2015 | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015 | | | | | | X Officer (give title below) Other (specify below) President and CEO | | | | |
| (Street) | | | | 4. If Amendmen | 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 | | | | |
| CHICAG | O, IL 606 | 54 | | | | | | | | | — Form in | ed by More mai | i One Reporting | reison | |
| (City) |) | (State) | (Zip) | 7 | Table | I - Non | -Deriva | tive S | ecuritie | s Acqı | uired, Disp | osed of, or | Beneficially | Owned | |
| 1.Title of So (Instr. 3) | Instr. 3) Date | | 2. Transaction Date (Month/Day/Yea | | if C | (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial |
| | | | | (Month/Day/Yea | ar) | Code | V Amount | | (A) or (D) Prio | | | | Ownership (Instr. 4) | | |
| Common \$.01 per s | Stock, pa | r value | 02/05/2015 | | | P | 1, | 000 | A | \$ 3.86 | 69,500 | | | D | |
| | | | | urities belieficially | owne | | contain | s who | respo | rm ar | e not req | | spond unle | ss | 1474 (9-02) |
| | | | | - Derivative Secur | | | Person contain the forr | s who led in n dis | respo this fo plays a | orm ar | e not requently valid | uired to res I OMB con | | ss | 1474 (9-02) |
| | | I | Table II | - Derivative Secur | ities A | Acquire | Person contain the forr ed, Dispo | s who led in n disp osed of nverti | o responding this for plays a figure of the second the | orm ar curre neficia urities | e not requently valid | uired to res | spond unle trol numbe | ss r. | , , |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Table II n 3A. Deemee Execution I Year) any | - Derivative Secur | 5. n Num of Der Sec (A) Dis of (Ins | Acquire ints, op mber rivative urities quired or posed | Person contain the forr | s who led in m disposed of nverti Exercipitation | respondence this for Beautisable n Date | neficia urities 7. An Un Sec | e not requently valid | Uired to rest OMB con | spond unle | of 10. Owners Form of Derivati Security Direct (or Indir | 11. Natu of Indire f Benefic Ownersi (Instr. 4 |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|-------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| King Karen Louise 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60654 | X | | President and CEO | | | |

Signatures

| James M. Bedore, Power of Attorney | 02/05/2015 |
|------------------------------------|------------|
| **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.