

(Print or Type Responses)

# 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

Name and Address of Reporting Person*  Meckes Sharon		Statemer	2. Date of Event Requiring Statement (Month/Day/Year) -03/19/2015		3. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]				
515 NORTH STA 2225	(First) ATE STR	(Middle) EET, SUITE				4. Relationship of Issuer (Check X Director	Reporting Person all applicable)	Filed(Month/Day/Year)	
CHICAGO, IL 60	(Street) 0654					Officer (give tit		6. Individed Applicable 2 X_ Form f	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 Beneficially Owned					
1.Title of Security (Instr. 4)			В	Beneficially Owned (Instr. 4)		*	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
None				0			D		
Reminder: Report on	Perso		nd to the c	ollection	of informa	tion contained in t	his form are no	t required to re	SEC 1473 (7-02)
		ble II - Derivativ	e Securitie	s Beneficia	T	e.g., puts, calls, war	ants, options, con	vertible securition	T'
1. Title of Derivative (Instr. 4)	Security		2. Date Exer and Expirati Month/Day/Ye Date Exercisable	ear)  Expiration	Securities Security (Instr. 4)	d Amount of Underlying Derivativ	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

## **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Meckes Sharon 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60654	X				

### **Signatures**

Sharon Meckes	03/24/2015
**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 (the "Exchange Act"), 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 March 24, 2015.

Sharon Meckes