FORM 4

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

OMB APPROVAL
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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* Tayler Martin Clifford				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) C/O THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2015						X Officer (give title below) Other (specify below) Exec. VP of Global Operations						
(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												
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, it		f Code (Instr. 8)		4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form:	Beneficial		
				(Month/Day/Year	r ear)		ode	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nu 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, par value \$.01 per share 09/01/2015					A	A		9,333	A	\$ 0	9,333			D		
Reminder:	Report on a s	separate line for	r each class of secur Table II - 1	ities beneficia				Personta conta the fo	ons wh ained ii orm dis	no respon n this for splays a	m are curre	not requesting ntly valid	OMB con	ormation spond unle trol numbe	ss	2 1474 (9-02)
	I_			e.g., puts, cal			s, op	ĺ							2 1 2 2	Leave
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Execution Da	Code	etion (5. Numb of Deriva Securi Acqui (A) or Dispos of (D) (Instr. 4, and	ative ities ared sed	and Expiration Date (Month/Day/Year) e (Sec. (Ir 4)		Amo Und Secu (Ins	ount of derlying urities str. 3 and Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Securit Direct (or India	Ownershi y: (Instr. 4)	
				Code	V	(A)	(D)	Date Exer		Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

			Relationships						
Reporting Owner Name / Address		Director	10% Owner	Officer	Other				
	HEALTH COMPANY E STREET, SUITE 2225			Exec. VP of Global Operations					

Signatures

James Bedore, Attorney-in-Fact	09/14/2015
**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.