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* Greco Michele				2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Exec VP and CFO				
(Last) (First) (Middle) 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2015											
(Street)				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				
	3O, IL 606		(n;)												
(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)		e, if	if Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)			Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	Beneficial	
			(Month/Day/Year)		Code	,	V Amou	(A) or	Price	(Instr. 3 and 4)			\ /	Ownership (Instr. 4)	
Common Stock, par value \$.01 per share		09/30/2015			A		11,17			42,178			D		
				Derivative Secu		-	the	ntained i e form di Disposed	in this for splays a c	m are currei	not requesting ntly valid		ormation spond unle trol numbe	ss	1474 (9-02)
Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da	4. te, if Transaction Code Year) (Instr. 8)		5. 6 Number a		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti Amo Und Secu	itle and bunt of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownershi (Instr. 4) D)
				Code V	V (A) (D)	Ex	ate sercisable	Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Greco Michele 515 NORTH STATE STREET SUITE 2225 CHICAGO, IL 60654			Exec VP and CFO					

Signatures

James Bedore, Attorney-in-Fact	10/13/2015
**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.