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 * Ostrowski Susan				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) 09/30/2015								X Officer (give title below) Other (specify below) Exec VP of Sales & Marketing						
(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 PersonForm filed by More than One Reporting Person						
CHICAGO, IL 60654 (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 any (Month/Day/Y		(Instr. 8)		ction	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		d of (I	(D) Benefici		unt of Securities ially Owned Following d Transaction(s) and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						C	ode	V	Amour	(A) o		ce				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, par value \$.01 per share			09/30/2015				A		11,17	8 A	\$ 0) 3	35,178			D		
Reminder:	Report on a s	separate line fo	r each class of secur	Derivativ	ve Securi	ties Ac	equire	Pers cont the f	ons whained i	no resp n this f splays	orm a a curi	are r rent	not requ lly valid		ormation spond unle rol numbe	ss	1474 (9-02)	
		1			s, calls, w		ts, op											
Security		*****	Year) Execution D	Year) Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		A: U: Se	Imou Inder ecuri Instr.	lying ties (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	ive Ownersh (Instr. 4) (D) eect			
				C	Code V	(A)	(D)	Date Exer	cisable	Expirati Date	ion Ti	itle	Amount or Number of Shares					

Reporting Owners

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

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.