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 Type Responses) 1. Name and Address of Reporting Person* PARRISH O B					2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 515 NORTH STATE STREET, SUITE 2225				3. Da	3. Date of Earliest Transaction (Month/Day/Year) 12/18/2015								X Director 10% Owner X Officer (give title below) Other (specify below) Chief Executive Officer						
(Street)				4. If	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						
(City	60, IL 606	(State)	(Zip)			Tol	blo I	Non	Do	rivativa (Soonrit	ios A	canir	od Dien	end of or I	Ronoficially	Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, in		, if (3. Transacti f Code (Instr. 8)		4. Securities A (A) or Dispos (Instr. 3, 4 an		ities Ac	Acquired : ded of (D) d 5) (5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Benefic	irect icial rship		
Common \$.01 per	Stock, pa	r value	12/18/2015				Р	ie	v	10,000		\$ 1.48 (1)		846,84	9		D		
Common Stock, par value \$.01 per share											233,501		I	Note !	<u>(2)</u>				
Reminder:	Report on a s	separate line i	for each class of secu Table II -						Pers con the	sons whatained in form dis	no resp n this splays	form a cu	are Irren	not requ tly valid	ction of inf ired to res OMB conf	spond unle	ess	C 1474 (9	9-02)
1 Tid 6	2	2 Turner 4	on 3A. Deemed	• • •	outs, calls,			s, opt						1	0 D.:6	0. No	-£ 10	111	NI-4
Security	2. Conversion or Exercise Price of Derivative Security		Execution D any	te, if Transaction Code (Instr. 8)			Number and		and	nd Expiration Date Month/Day/Year) A U S			,			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form Ouriva Securi Direct or Ind	ship of I Ben Ow (Ins (D) rect	Beneficia Ownersh (Instr. 4)
					Code	V	(A)	(D)	Dat Exe	-	Expira Date	tion ,	Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PARRISH O B 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60654	X		Chief Executive Officer				

Signatures

James Bedore, Attorney-in-Fact	12/21/2015
**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).
- (1) The price reported above is the weighted average transaction price. The range of prices for such transactions is \$1.46 to \$1.49. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares purchased at each separate price.
- (2) The reporting person is deemed to indirectly own 233,501 shares held by Phoenix Health Care of Illinois, Inc. ("Phoenix"), of which the reporting person is an officer, director and shareholder. The reporting person disclaims beneficial ownership in the shares held by Phoenix except to the extent of his pecuniary interest therein.

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.