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 Typ	e responses	<u> </u>													
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) 01/11/2016						X	X Officer (give title below) Other (specify below) Executive VP Global Operations				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ 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				
CHICAGO, IL 60654 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						s Acquired,	ired, Disposed of, or Beneficially Owned				
1.Title of Se (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Execution any (Month)	on D	Date, if	Code (Instr	(A) (In	Securities Acqu) or Disposed of str. 3, 4 and 5) (A) or nount (D)	f (D) Owne Trans		ecurities Berng Reported	C F C o	orm: Be or	Nature Indirect eneficial wnership nstr. 4)
Reminder: R	Report on a se	eparate line for each						Persons in this fo a curren	who respond orm are not re tly valid OMB	equired to r s control nu	espond i umber.				74 (9-02)
		Derivative Securities Acquired, Disposed of, or Beneficially Owned e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction of Code Derivative		Expiration Date of U (Month/Day/Year) Sec		of Underlyi Securities	of Underlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Right to Receive Common Stock (1)	\$ 0	01/11/2016		A		6,667		01/11/2017	01/11/2019	Common Stock	6,667	\$ 0	6,667	D	
Right to Receive Common Stock (2)	\$ 0	01/11/2016		A		3,333		01/11/2017	01/11/2019	Common Stock	3,333	\$ 0	3,333	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Tayler Martin Clifford C/O THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60654			Executive VP Global Operations				

Signatures

/s/ James Bedore	01/12/2016
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 reporting person has the right to receive, on each of the first and second anniversaries of the date of grant, 2,222 shares of FHCO common stock and 2,223 shares of FHCO common stock and 2,223 shares of FHCO common stock on the third anniversary of the date of grant.
- (2) The reporting person has the right to receive at his election, on each of the first, second and third anniversaries of the date of grant, either 1,111 shares of FHCO common stock or cash based on the market value of 1,111 shares of FHCO common stock as of the applicable anniversary date.

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.