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	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 515 NORTH STATE STREET, SUITE 2225						3. Date of Earliest Transaction (Month/Day/Year) 05/24/2016									X Officer (give title below) Other (specify below) Exec. VP and CFO				
(Street)					4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							ar)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	60, IL 606															a by More than	One Reporting		
(City)	(State)		(Zip)			T	able I	- Nor	ı-De	rivative S	Securit	ies A	cquir	ed, Dispo	osed of, or l	Beneficially (Owned	
1.Title of Security (Instr. 3)		Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ĺ	Code (Instr. 8)		tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial		
						Со	de	V	Amount	(A) or (D)	Pri	ice	(Instr. 3 a	nstr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common \$.01 per	Stock, pa	r value	05/2	4/2016				P	,		4,000	A	\$ 1.23	787	67,845			D	
				Table II -					quire	the ed, D	form dis	splays of, or B	a cu Benefi	irren ^e	tly valid		spond unle trol numbe		
1. Title of Derivative Security (Instr. 3)	Conversion		Year) Execution any	3A. Deemed Execution Da	ate, if	4. Transac Code	tion	5. Number of Operivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. I and (Mo	nd Expiration Date Month/Day/Year) A U S (1) 4		7. Titi Amou Under Secur (Instr. 4)	le and unt of rlying rities . 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficia Ownershi (Instr. 4) D) ect	
						Code	V	(A)	(D)	Exe	ercisable	Date		THE	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	05/26/2016
**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).

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.