UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB Number: 3235-0287 Washington, D.C. 20549 Estimated average burden 0.5 hours per response... STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

PARRISH O B

1. Name and Address of Reporting Person*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

FEMALE HEALTH CO [FHCO]

(Last) (First) (Middle) 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 08/27/2016								X Officer (give title below) Other (specify below) Chief Executive Officer						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							-	A. 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 Acqui							ired Disposed of an Renaticially Owned							
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		d 3 Date, if	3. Transaction Code (Instr. 8)		4. S (A) (In	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		uired of (D)	5. Amount of S Owned Followi Transaction(s) (Instr. 3 and 4)		Securities Beneficially ing Reported		wnership orm:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common share	Stock, par	value \$.01 per	08/27/2016				M			,000	. ,		825,	849		I	,	
Common Stock, par value \$.01 per share 08/27/2			08/27/2016				D		11	,000		\$ 1.32 (1)	814,	849		Ι)	
Common share	Stock, par	value \$.01 per											233,	501		I		Note (2)
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transac Code	tion	5. Numb	ivative (Month/Day/Year) osed (Month/Day/Year)			7. Title of Und Securi	7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownersh Form of Derivativ Security: Direct (D or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	V	(A)	(D)	Date Exercis	able	Exp	iration	Title		or Number of Shares				
Right to receive Common Stock	(1)	08/27/2016		M		11,000		08/27/	2016	5 08/2	27/2010	6 Com Sto		11,000	(1)	0	D	

Reporting Owners

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

Signatures

/s/ James Bedore, Esq.	09/09/2016
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 had the right to receive at his election either 11,000 shares of FHCO common stock or cash based on the market value of 11,000 shares of FHCO common stock as of August 27, 2016, which was \$1.32 per share. The reporting person elected to receive cash based on the market value of 11,000 shares of FHC common stock as of August 27, 2016.
- (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.