### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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

(Pillit of Typ	e Responses	)																	
1. Name and Address of Reporting Person * BETHUNE DAVID R				2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director 10% Owner							
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 515 NORTH STATE STREET, SUITE 2225				3. Date of Earliest Transaction (Month/Day/Year) 08/27/2016									Officer (give	title below)	Otl	ner (spe	ecify below)		
(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 Person Form filed by More than One Reporting Person						
CHICAGO, IL 60610 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year					d Date, if	3. Transacti Code (Instr. 8)					uired of (D)	5. Amount of Securities E Owned Following Report Transaction(s)			eneficially	6. Own Forn	nership of n: Be	7. Nature of Indirect Beneficial	
				(Month/Day/Year)		v/Year)	Co	ode	V A	Amount	(A) or (D)	Price	(Instr			ndirect (In	wnership nstr. 4)		
Common share	Common Stock, par value \$.01 per share		08/27/2016				N	Л	8	3,333	A	<u>(1)</u>	257,	257,448			D		
Common Stock, par value \$.01 per share			08/27/2016				D		8	3,333	11)	\$ 1.32 (1)	249,115			D			
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																			
				(e.g., put		alls, wa	rrant	s, opt	ions, co	nverti	ble secur	ities)			1	1			
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		of Deriva Securi Acquir (A) or Dispos of (D)	Expiration (Month/spirate durities quired of or spoosed (D) str. 3, 4,			ration Date of Unth/Day/Year) of U			. Title and Amount f Underlying ecurities Instr. 3 and 4)			9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Gu(s)	Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	cisable	Exp Dat	oiration e	Title		Amount or Number of Shares					
Right to Receive Common Stock	(1)	08/27/2016		М		8,333		08/2	27/201	6 08/	/27/2016	<b>5</b>	imon ock	8,333	(1)	0		D	

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BETHUNE DAVID R THE FEMALE HEALTH COMPANY 515 NORTH STATE STREET, SUITE 2225 CHICAGO, IL 60610	X						

### **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 8,333 shares of FHCO common stock or cash based on the market value of 8,333 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 8,333 shares of FHCO common stock as of August 27, 2016.

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.