FORM	4
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Check this box if no	
longer subject to	
Section 16. Form 4 or	ľ
Form 5 obligations	
may continue. See	
Instruction 1(b).	

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

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### 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

1. Name and Address of Reporting Po HAINES DANIEL	2. Issuer Name a FEMALE HEA				mbol	:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
<sup>(Last)</sup> (First) 515 N. STATE STREET, SUI THE FEMALE HEALTH CO	· · · · · · · · · · · · · · · · · · ·	3. Date of Earliest Transaction (Month/Day/Year) 02/22/2017					[	X_Officer (give title below)Other (specify b			
(Street) CHICAGO, IL 60654	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) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2A. Deemed Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership of Ind	Beneficial	
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock, par value \$.01 per share	02/22/2017		Р		4,000	А	\$ 1.0306 (1)	54,000	D		
Common Stock, par value \$.01 per share	02/24/2017		Р		3,931	А	\$ 1.0218	57,931	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. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	Number and Expiration I		on Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year) U		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	Securities (I		(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security					Acqu	Acquired 4		4)		Following	Direct (D)			
						· ·	(A) or					1	or Indirect		
					Disposed								Transaction(s)	< / .	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr. 3,									
						4, and 5)									
											Amount				
								Data	Expiration		or				
								Date Exercisable		Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
HAINES DANIEL 515 N. STATE STREET, SUITE 2225 C/O THE FEMALE HEALTH COMPANY CHICAGO, IL 60654			Chief Financial Officer				

### Signatures

Kevin Gilbert, Attorney-in-fact 02/28/2017

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 \$1.0304 to \$1.0316. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares sold at each separate price.

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.