FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person* BETHUNE DAVID R					2. Issuer Name and Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner					
(Last) (First) (Middle) THE FEMALE HEALTH COMPANY, 4400 BISCAYNE BOULEVARD, SUITE 888					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2017						-	Officer	r (give title belo	ow)	Other (specify	below	<u>')</u>	
(Street)				4. If <i>a</i>	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						
	FL 33137																	
(City))	(State)	(Zip)		T	able I -	Non-	Dei	rivative S	Securiti	ies A	cquir	ed, Dispo	osed of, or I	Beneficially	Owned		
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	any	tion Date, if	Code			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Beneficially Owned For Reported Transaction(s		Following	6. Ownership Form:	of l Bei	Beneficial	
			(Montl	th/Day/Year)	Cod	e V	V	Amount	(A) or (D)	Pri	ice	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	lirect (Instr. 4		
Common Stock, par value \$0.01 per share		05/11/2017			P		10,000 A \$ 1.0		1.02	278	415,982		D					
Common Stock, par value \$0.01 per share		05/12/2017			P			10,000	A	\$ 1.02 (2)	299	425,982			D			
Reminder:	Report on a s	separate line t	For each class of sec		•		P	ers ont ne f	sons wh tained in	o resp n this f splays	form a cu	are irren	not requ tly valid		ormation spond unle	ss	147	4 (9-02)
			Table II		tive Securit uts, calls, w								y Owned					
1. Title of Derivative Conversic or Exercis (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day	Execution I	d Date, if	4. Transaction Code	Number and		5. D and	Date Exercisable Expiration Date onth/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	of tive y: (D) rect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
					Code V	(A)		Date Exe		Expirat Date	tion ,	Title	Amount or Number of Shares					

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BETHUNE DAVID R THE FEMALE HEALTH COMPANY 4400 BISCAYNE BOULEVARD, SUITE 888 MIAMI, FL 33137	X					

Signatures

James M. Bedore, Attorney-in-fact 05/15/2017

**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 price reported above is the weighted average transaction price. The range of prices for such transactions is \$1.019 to \$1.03. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares sold at each separate price.
- (2) The price reported above is the weighted average transaction price. The range of prices for such transactions is \$1.00 to \$1.03. 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.