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* PARRISH O B					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) C/O THE FEMALE HEALTH COMPANY, 4400 BISCAYNE BOULEVARD, SUITE 888					3. Date of Earliest Transaction (Month/Day/Year) 05/12/2017							-	Office	r (give title belo	w)	Other (s	pecify belo	ow)	
(Street) MIAMI, FL 33137				4. I	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)			T	able I	- Nor	ı-De	rivative	Securit	ties Ac	quir	red, Dispo	osed of, or I	Beneficially	Owne	d	
			Exec ear) any			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:		Beneficial		
				(Moi	nth/Day/Y	(ear)	Со	de	V	Amount	(A) or (D)	Pric	e	(Instr. 3 and 4)					ownership Instr. 4)
Common Stock, par value \$.01 per share		05/12/2017				P	,		10,000	A	\$ 1.019 (1)	95	834,849		D				
Common Stock, par value \$.01 per share		05/15/2017				P)	10,000 A \$ 1.0		\$ 1.019	95	844,849		D					
Common Stock, par value \$.01 per share													233,50	1		I	N	Note (2)	
Reminder:	Report on a s	separate line	for each class of	securities	beneficia	ılly o	wned	direct	ly or	indirectl	y.								
	•								con	tained i	n this	form a	are	not requ	ction of inf iired to res OMB cont	pond unle		SEC 14	174 (9-02)
			Table	II - Deri (e.g.,						Disposed s, conver				y Owned					
Security	2. Conversion or Exercise Price of Derivative Security	Date	Month/Day/Year) any		4. Transaction Code Year) (Instr. 8)		Number		and	5. Date Exercisable and Expiration Date (Month/Day/Year)		A U S	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y Do Se Di or n(s) (I)	wnership orm of erivative ecurity: irect (D) Indirect	Beneficia Ownershi (Instr. 4)
					Code	V	(A)	(D)	Dat Exe		Expira Date	tion T	itle	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PARRISH O B C/O THE FEMALE HEALTH COMPANY 4400 BISCAYNE BOULEVARD, SUITE 888 MIAMI, FL 33137	X						

Signatures

/s/ Kevin J. Gilbert, 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 \$1.01 to \$1.0197. 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 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.