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

(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. 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) 05/15/2017							Office	er (give title belo	ow)	Other (specify b	pelow)		
(Street) MIAMI, FL 33137				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)			2. Transac Date (Month/Da	Exe n/Day/Year) any	Execu			Code (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 of Form:	Beneficial
					(Month/Day/Year)			ode	v	Amount	(A) or (D)	Price	Ì	Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common \$.01 per s	Stock, pa	r value	05/15/20)17				P		10,000	A	\$ 1.030 (1)	5 435,982	2		D	
Reminder: 1	Report on a s	separate line		`able II - I	Deriva	ative Secur	ities A	cquir	Per con the	sons whatained in form disposed	no res n this splays	form and a curre	re not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1 Tid 6	2	2 T	2.4		<u> </u>	outs, calls, v		nts, o	_				Title and	0 D.:C	9. Number	-£ 10	11 N-6
Security	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) any			re, if Transaction No Code of (Instr. 8) Do Se Au		of Derri Sect Acq (A) Disp of (I	Number and		l Expiration Date onth/Day/Year)		e An Un Sec	nount of derlying curities str. 3 and	8. Price of Derivative Security (Instr. 5)		Owners Form of Derivati Security Direct (1 or Indire	Beneficia Ownersh (Instr. 4)	
						Code V	(A)	(D)		te ercisable	Expira Date	ntion Tit	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

/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 \$1.026 to \$1.0349. 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.