## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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hours per response... 0.5

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

	pe Response	·)											1				
1. Name and Address of Reporting Person* HAINES DANIEL					2. Issuer Name <b>and</b> Ticker or Trading Symbol FEMALE HEALTH CO [FHCO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD, SUITE 888, C/O THE FEMALE HEALTH COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017						X Officer (give title below) Other (specify below)  Chief Financial Officer						
(Street) MIAMI, FL 33137				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	")	(State)		(Zip)		Т	able I -	Non-	-De	rivative S	Securit	ies Acqu	ired, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		Date	th/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)			4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D) P		d of (D)	Beneficially Owned Following Reported Transaction(s)  (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common \$.01 per	Stock, pa share	r value	05/1	7/2017			Р			5,000	A	\$ 1.0095 (1)	67,931			D	
Reminder:	Report on a s	separate line	ior eacr		Deriva	ative Securit	ies Acc	F c t quired	Person he	sons whatained in form dis	o responding this splays	form ar a curre Beneficia	e not requently valid	ction of inf uired to res OMB conf	spond unle	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative			3A. Deemed Execution Da	4. Transaction Code (Instr. 8)	5. Number		6. I and	nd Expiration Date Month/Day/Year)		7. 7 Am Und Sec	Title and abount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security	Beneficia Ownershi : (Instr. 4) O)	
	Security						(A) or Dispos of (D) (Instr.	sed 3,				4)	Amount		Reported Transaction	Direct ( or Indir (I) (Instr. 4	ect

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HAINES DANIEL 4400 BISCAYNE BOULEVARD, SUITE 888 C/O THE FEMALE HEALTH COMPANY MIAMI, FL 33137			Chief Financial Officer				

### **Signatures**

/s/ Kevin J. Gilbert, Attorney-in-fact	05/18/2017
**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 \$1.0091 to \$1.01. 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.