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 * FISCH HARRY				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 _X_ 10% Owner					
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD, SUITE 888, C/O THE FEMALE HEALTH COMPANY				3. Date of Earliest Transaction (Month/Day/Year) 05/24/2017					Office	er (give title belo	ow)	Other (specify	below)	
(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 Acqu					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, is	f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Year	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock, par value \$.01 per share		05/24/2017		P		10,000	A	\$ 1.10	34,750		I	Note (1)		
Common Stock, par value \$.01 per share									54,504 (2)		D			
Common Stock, par value \$.01 per share									606,536		I	Note (3)		
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially o	wned direct	ly or	indirectly.							
						cont	ained in	this for	m are	e not requ	ction of inf uired to res OMB cont	spond unle	ess	C 1474 (9-02)
				Derivative Securit e.g., puts, calls, w						lly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution Date (Year) any	te, if Transaction Code Year) (Instr. 8)	5. 6. D Number and		Date Exercisable Expiration Date onth/Day/Year)		7. T Ame Und Seco	Fitle and count of derlying curities str. 3 and 8. Price of Derivative Security (Instr. 5)	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Beneficia Ownersh y: (Instr. 4)
				Code V	(A) (D)	Date Exer		xpiration ate	n Title	Amount or Number of Shares				

Reporting Owners

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

Signatures

/s/ Kevin J. Gilbert, Attorney-in-fact	05/24/2017	
**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) Shares are held by the reporting person's self-directed IRA.
- (2) Includes 45,112 shares of Common Stock held jointly by the reporting person and his spouse.
 - The securities are held by K&H Fisch Family Partners, LLC, of which the reporting person is the sole manager. The reporting person disclaims beneficial ownership of these
- (3) securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or any other purpose.

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.