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 * PEERSCHKE ELGAR					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) 4400 BISCAYNE BOULEVARD, SUITE 888, C/O THE FEMALE HEALTH COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 06/07/2017						Office	r (give title belc	ow)	Other (specify b	elow)		
(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)			Tab	ole I -	Non	-Deri	ivative S	Securities	Acqu	ired, Dispe	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Exec	Deemed ution Date	e, if	(Instr. 8)		4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		Disposed o	of (D) Beneficia		nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				(1/101	(violiti) Day/ 1 ca		Code		V	Amount (A) or (D)		Price	(1131112 4			or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, par value \$.01 per share		06/07/2017				P	•		3,052		\$ 1.15	93,605			D		
Common Stock, par value \$.01 per share 06/08		06/08/2017				P	•		1,915		\$ 1.15	95,520	95,520		D		
Reminder:	Report on a s	separate line fo	or each class of secu	rities b	eneficially	y owi	ned d	F	erse conta	ons wh	o respoi	m ar	e not requ		formation spond unle trol numbe	ss	1474 (9-02)
					ative Secu outs, calls,								lly Owned				
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		3. Transactio Date (Month/Day/	Execution Da Year) any	nte, if	te, if Transaction Code ('ear) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year)			7. T Am Und Sec	Title and ount of derlying urities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)
					Code	V ((A)		Date Exer		Expiration Date	n Titl	Amount or e Number of Shares				

Reporting Owners

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

Signatures

/s/ Kevin J. Gilbert, Attorney-in-fact

06/09/2017

**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).

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.