FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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nours per response	e 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

(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]						_x_	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) 06/09/2017								Office	r (give title belo	w)	Other (specify	pelow)	
(Street) MIAMI, FL 33137			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	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 Acqui							uired,	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution Date, if Code		tr. 8)	(A) or		Disposed 3, 4 and 5 (A) or	of (D	F(D) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	Common Stock, par value \$.01 per share 06/09/2017				P			50,00		\$ 1.25	1.45	,520		D			
Keminder: 1	Report on a s	eparate fine fo	or each class of secu	Derivativ	ve Securi	ties Ac	equire	Pers conta the fe	ons whained i	no respo n this fo splays a	orm a curr	re not ently v ally Ow	requ /alid		ormation spond unle rol numbe	ss	1474 (9-02)
		l			s, calls, w		ts, op							ı		_	
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da	Co	ode	of	vative rities aired or cosed () : 3,	and Expiration Date (Month/Day/Year) A US S S d d		Ar Ur Se	Title an mount of aderlyin curities astr. 3 as	of ng nd		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficia Ownershi (Instr. 4)	
				C	Code V	(A)	(D)	Date Exer	cisable	Expiration Date	On Tit	Am or tle Nur of Sha					

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	06/12/2017
**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.