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 Type	pe Response	s)															
1. Name and Address of Reporting Person * STEINER MITCHELL SHUSTER					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) 06/09/2017						X Officer (give title below) Other (specify below) President and CEO						
(Street)				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 Person _Form filed by More than One Reporting Person						
MIAMI, FL 33137 (City) (State) (Zip)				Table I - Non-Darivative Securities Again						ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Exect r) any	Deemed ution Date, if	3. Transac Code (Instr. 8)		on 4	. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownersh Form:	ip of Be	7. Nature of Indirect Beneficial			
				(Mon	(Month/Day/Year)		, ,	V A	Amount	(A) or (D)	Price	(Instr. 3	. 3 and 4)		Direct (I or Indire (I) (Instr. 4)	ct (In	wnership nstr. 4)
Common \$.01 per s	Stock, pa share	r value	06/09/2017			P		4	40,000	A	\$ 1.2805 (1)	40,000			I	N	ote (2)
Common Stock, par value \$.01 per share		06/12/2017					1	15,000	A	\$ 1.2598 (3)	55,000			I	N	ote (2)	
Common Stock, par value \$.01 per share		r value										645,50	2		D		
Reminder: 1	Report on a s	separate line t	for each class of se	curities	beneficially o	wned di	-				ond to	the colle	ction of inf	formation	SI	EC 141	74 (9-02)
													uired to res OMB con				
			Table I		ative Securit							ly Owned					
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day	Execution	ed Date, if	4. Transaction Code	5.	tive ies ed ed 3,	and Expiration Date (Month/Day/Year)		7. T Amo Und Secu	itle and ount of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownor Form Deriv Secur Direct or Inc	of vative rity: et (D) direct	(Instr. 4)	
					Code V	(A) (F	Date Exerc	cisable	Expirat Date	ion Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
STEINER MITCHELL SHUSTER 4400 BISCAYNE BOULEVARD, SUITE 888 C/O THE FEMALE HEALTH COMPANY MIAMI, FL 33137	X	X	President and CEO				

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).
- (1) The price reported above is the weighted average transaction price. The range of prices for such transactions is \$1.25 to \$1.29. Upon request by the Commission staff, the reporting person will provide full information regarding the number of shares sold at each separate price.
- (2) Shares are held by the reporting person's self-directed IRA.
- (3) The price reported above is the weighted average transaction price. The range of prices for such transactions is \$1.245 to \$1.26. 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.