FORM 4

(Print or Type Responses)

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

| OMB APPE | ROVAL |
|--------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |
| houre por roeponeo | 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

| 1. Name and Address of Reporting Person* BETHUNE DAVID R | | | | 2. Issuer Name and Ticker or Trading Symbol VERU INC. [FHCO] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector | | | | | |
|---|---------|---|---------------------------|--|---|-------------|---------------------------|--|--|--|---|--|--|--|--------------|--------------------|
| (Last) (First) (Middle) 4400 BISCAYNE BOULEVARD, SUITE 888, THE FEMALE HEALTH COMPANY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2017 | | | | | | | Officer (give t | tle below) | Other (s | pecify below) | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ For | 6. Individual or Joint/Group FilingCheck Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| MIAMI, I | | | | | | | | | | | | | | | | |
| (City | 7) | (State) | (Zip) | | Table I - Non-Derivative Securities Acqui | | | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Yea | Execu r) any | | | Cod | ransaction e tr. 8) | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | D) Owned Followin Transaction(s) | | curities Beneficially ag Reported | | wnership of orm: Be | Beneficial | |
| | | | | (Month/ | | h/Day/Year) | | Code V | V Amount (A) or (D) Pr | | (Instr. | (Instr. 3 and 4) | | or (I) | Indirect (Ir | nership str. 4) |
| | | | Table II | | | | | this to | form a ently v sposed | tho respond to the not require valid OMB con tof, or Benefici rtible securitie | ed to respontrol numb | ond unle er. | | | n SEC 147 | 74 (9-02) |
| Derivative Conversion Date Execusive Or Exercise (Month/Day/Year) any | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code | | 5. Number | | (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Form of Derivative Security: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | e | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Common Stock Option | \$ 1.20 | 08/02/2017 | | A | | 50,000 | | 08/02/20 | 018 ⁽¹⁾ | 08/02/2027 | Common Stock | 50,000 | \$ 0 | 50,000 | D | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| BETHUNE DAVID R 4400 BISCAYNE BOULEVARD, SUITE 888 THE FEMALE HEALTH COMPANY MIAMI, FL 33137 | X | | | | | |

Signatures

| /s/ Kevin J. Gilbert, Attorney-in-fact | 08/04/2017 |
|--|------------|
| **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).
- $\textbf{(1)} \ \ Options \ for \ one-third \ of \ the \ shares \ vest \ on \ each \ of \ August \ 2, 2018, \ August \ 2, 2019 \ and \ August \ 2, 2020.$

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.