1. Name and Address of Reporting Person

PARRISH O B

(Street) 515 NORTH STATE STREET

(Suite) SUITE 2225

(City) CHICAGO

(State) IL

(Zip) 60654

2. Issuer Name and Ticker or Trading Symbol

FEMALE HEALTH CO [ FHCO ]

3. Date of Earliest Transaction (Month/Day/Year)

07/17/2012

4. If Amendment, Date of Original Filed (Month/Day/Year)

07/19/2012

5. Relationship of Reporting Person(s) to Issuer

X Director

Other (specify below) Chairman, CEO and President

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person

Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>07/17/2012</td>
<td>M</td>
<td>464,000</td>
<td>A</td>
<td>$1.4</td>
<td>1,085,600</td>
<td>D</td>
</tr>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>07/17/2012</td>
<td>F(1)</td>
<td>221,151</td>
<td>D</td>
<td>$5.93</td>
<td>864,449</td>
<td>D</td>
</tr>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>233,501</td>
<td>I</td>
</tr>
</tbody>
</table>

Note(3)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock Option</td>
<td>$1.4</td>
<td>07/17/2012</td>
<td>M</td>
<td>464,000</td>
<td>04/22/2003 04/22/2013</td>
<td>Common Stock</td>
<td>464,000</td>
<td>0</td>
<td>0</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:

1. Pursuant to a cashless option exercise program, the reporting person surrendered to The Female Health Company ("FHCO") the requisite number of shares subject to the option to pay the exercise price and taxes based on the market price of FHCO common stock on the trading day immediately preceding the date of exercise which was $5.93 per share.

2. Since the last Form 4 report filed by the reporting person on June 10, 2011, the reporting person, as beneficiary of the Geneva O. Parrish 1996 Living Trust (the "Trust") and pursuant to the Trust agreement, received a distribution of 225,000 shares previously reported as held by the Trust.

3. The reporting person is deemed to indirectly own 233,501 shares held by Phoenix Health Care of Illinois, Inc. ("Phoenix"), of which the reporting person is an officer, director and shareholder. The reporting person disclaims beneficial ownership in the shares held by Phoenix except to the extent of his pecuniary interest therein.

/s/ James M. Bedore, Attorney-in-fact

Date 07/19/2012

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).


Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.