1. Name and Address of Reporting Person

FISCH HARRY

4400 BISCAYNE BOULEVARD, SUITE 888
C/O THE FEMALE HEALTH COMPANY
MIAMI FL 33137

2. Issuer Name and Ticker or Trading Symbol

VERU INC. [ FHCO ]

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

08/02/2017

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

5. Relationship of Reporting Person(s) to Issuer

X Director
X 10% Owner
Officer (give title below)
Other (specify below)

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

X Form filed by One Reporting Person
Form filed by More than One Reporting Person

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### 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>
<th>Code</th>
<th>V</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock Option</td>
<td>$1.2</td>
<td>08/02/2017</td>
<td>A</td>
<td>55,000</td>
<td>08/02/2018</td>
<td>08/02/2027</td>
<td>Common Stock</td>
<td>55,000</td>
<td>0</td>
<td>55,000</td>
<td>D</td>
</tr>
</tbody>
</table>

Explanation of Responses:

1. Options for one-third of the shares vest on each of August 2, 2018, August 2, 2019 and August 2, 2020.

/s/ Kevin J. Gilbert, Attorney-in-fact 08/04/2017

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.