STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person

LOVE ANDREW S JR

515 NORTH STATE STREET
SUITE 2225
CHICAGO IL 60654

2. Issuer Name and Ticker or Trading Symbol

FEMALE HEALTH CO [ FHCO ]

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

06/06/2016

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

06/08/2016

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

X Director

Officer (give title below) Officer (specify below)

10% Owner

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>06/06/2016</td>
<td></td>
<td>P</td>
<td>1,210</td>
<td>A</td>
<td>$1.4</td>
<td>66,136</td>
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<tr>
<td>Common Stock, par value $.01 per share</td>
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</tbody>
</table>

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>
</table>

Explanation of Responses:

1. The reporting person is deemed to indirectly own 418,517 shares held by Hallmark Investment Corporation, of which the reporting person is an officer, director and shareholder. The reporting person disclaims beneficial ownership in the shares held by Hallmark Investment Corporation except to the extent of his pecuniary interest therein.

2. Shares are held by the reporting person's self-directed IRA.

3. Shares are held by a profit sharing plan, of which the reporting person is a beneficiary.

4. The reporting person is deemed to indirectly own 47,600 shares held by a family partnership, of which the reporting person is the sole managing partner. The reporting person disclaims beneficial ownership in the shares held by such family partnership except to the extent of his pecuniary interest therein.

5. The reporting person is deemed to indirectly own 34,334 shares held by a family limited liability company, of which the reporting person is the sole manager. The reporting person disclaims beneficial ownership in the shares held by such family limited liability company except to the extent of his pecuniary interest therein.

/s/ James Bedore, Esq. 06/08/2016
** Signatures of Reporting Person Date

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.