1. Name and Address of Reporting Person*  
Frank Mary Margaret  
(C/O THE FEMALE HEALTH COMPANY  
515 NORTH STATE STREET, SUITE 2225  
CHICAGO IL 60610)

2. Issuer Name and Ticker or Trading Symbol  
FEMALE HEALTH CO [ FHC ]

3. Date of Earliest Transaction (Month/Day/Year)  
05/29/2009

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

5. Relationship of Reporting Person(s) to Issuer  
X Director  
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

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

<table>
<thead>
<tr>
<th>Code</th>
<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></td>
<td>Common Stock Option $3.92</td>
<td>05/29/2009</td>
<td></td>
<td>A</td>
<td>30,000 (A) 06/29/2009 (1) 05/29/2019</td>
<td>30,000 D</td>
<td>Common Stock 30,000 $0 30,000 D</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:

1. Options for one thirty-sixth of the shares vest on the 29th of each month for the 36-month period commencing on June 29, 2009 and ending on May 29, 2012.

/s/ James M. Bedore, Attorney-in-fact  06/01/2009

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.