### Statement of Changes in Beneficial Ownership

- **Name and Address of Reporting Person**: Frank Mary Margaret  
  - (Last)  C/O THE FEMALE HEALTH COMPANY  
  - (First)  515 NORTH STATE STREET, SUITE 2225  
  - (Middle)  CHICAGO, IL 60654

- **Issuer Name and Ticker or Trading Symbol**: FEMALE HEALTH CO [ FHCO ]

- **Date of Earliest Transaction**: 09/17/2012

- **Relationship of Reporting Person(s) to Issuer**:  
  - Director
  - 10% Owner

- **Form filed by One Reporting Person**

### Non-Derivative Securities

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Date</th>
<th>Deemed Execution Date, if any</th>
<th>Transaction Code</th>
<th>Securities Acquired</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>Ownership Form</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>09/17/2012</td>
<td>S</td>
<td>4,000</td>
<td>D</td>
<td>$6.88</td>
<td>30,962</td>
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### Derivative Securities

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Transaction Date</th>
<th>Deemed Execution Date, if any</th>
<th>Transaction Code</th>
<th>Number of Derivative Securities Acquired</th>
<th>Exercisable and Expiration Date</th>
<th>Title and Amount of Securities Underlying Derivative Security</th>
<th>Price of Derivative Security</th>
<th>Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>Ownership Form</th>
<th>Nature of Indirect Beneficial Ownership</th>
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### Explanation of Responses:

- **Signature of Reporting Person**: James M. Bedore, Attorney-in-fact  
  - Date: 09/18/2012

**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.