**Statement of Changes in Beneficial Ownership**

**Person(s) Filing:**
- **Name:** Pope Michael
- **Title:** VP and General Manager
- **Address:** 515 North State Street, STE 2225, Chicago, IL 60610

**Name and Address of Reporting Person:** Pope Michael

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

**Date of Earliest Transaction:** 09/11/2009

**Relationship of Reporting Person(s) to Issuer:**
- 10% Owner
- Other (specify below)
- VP and General Manager

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

<table>
<thead>
<tr>
<th>Security</th>
<th>Date</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>09/11/2009</td>
<td>M 72,800</td>
<td>A $1.4 73,050</td>
</tr>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>09/14/2009</td>
<td>S 15,000</td>
<td>D $5.8179 58,050</td>
</tr>
</tbody>
</table>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Security</th>
<th>Date</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock Option</td>
<td>09/11/2009</td>
<td>M 72,800</td>
<td>(3) 04/22/2013</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**
1. Upon request by the Commission staff, the Reporting Person will provide full information regarding the number of shares sold at each separate price.
2. The price reported above is the average transaction price. The range of prices for such transactions is $5.750 to $5.880.
3. All options are fully vested. Options for one thirty-sixth of the shares vested on the 22nd of each month for the 36-month period commencing on April 22, 2003 and ending on April 22, 2006.

**Signature of Reporting Person:**

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

**Date:** 09/15/2009

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.