1. Name and Address of Reporting Person*
   Ostrowski Susan
   (Last) (First) (Middle)
   C/O THE FEMALE HEALTH COMPANY
   515 NORTH STATE STREET, SUITE 2225
   (Street)
   CHICAGO IL 60654
   (City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)
   07/10/2014

3. Issuer Name and Ticker or Trading Symbol
   FEMALE HEALTH CO [ FHCO ]

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   Director
   Officer (give title below) X
   Exec VP of New Business Dev
   10% Owner
   Other (specify below)

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

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 Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 4)</th>
<th>Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, par value $0.01 per share</td>
<td>12,000</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 4)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

Explanation of Responses:

/s/ Susan Ostrowski 07/16/2014
** Signature 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 5 (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.
The undersigned, a director, officer and/or shareholder of The Female Health Company, a Wisconsin corporation (the "Company"), who is subject to the reporting requirements of section 16(a) of the Securities Exchange Act of 1934, does hereby constitute and appoint O.B. Parrish and James M. Bedore, and each of them, each with full power to act without the other and with full power of substitution and resubstitution, as attorneys or attorney to sign and file in her name, place and stead, in any and all capacities, a Form 4, Form 5 or any successor form for reporting the undersigned's transactions in and holdings of the Company's equity securities for purposes of section 16(a) of the Exchange Act, and any and all other documents to be filed with the Securities and Exchange Commission pertaining to or relating to such forms, with full power and authority to do and perform any and all acts and things whatsoever required and necessary to be done, hereby ratifying and approving the acts of said attorneys and each of them and any substitute or substitutes.

Executed as of July 16, 2014.

/s/ Susan Ostrowski
Susan Ostrowski