STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  
   Lu Lucy
   (Last)  (First)  (Middle)
   THE FEMALE HEALTH COMPANY
   4400 BISCAYNE BOULEVARD, SUITE 888
   MIAMI  FL  33137

2. Issuer Name and Ticker or Trading Symbol  
   VERU INC. [ FHCO ]

3. Date of Earliest Transaction (Month/Day/Year)  
   08/02/2017

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

5. Relationship of Reporting Person(s) to Issuer  
   (Check all applicable)  
   X Director
   10% Owner
   Officer (give title below)
   Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)  
   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>Title of Security (Instr. 3)</th>
<th>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 Option</td>
<td>$1.2</td>
<td>08/02/2017</td>
<td>A</td>
<td>45,000</td>
<td>45,000</td>
<td>D</td>
<td>V</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Options for one-third of the shares vest on each of August 2, 2018, August 2, 2019 and August 2, 2020.

/s/ Kevin J. Gilbert, Attorney-in-fact
08/04/2017

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.