Form 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

OMB APPROVAL
OMB Number: 3235-0287
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1. Name and Address of Reporting Person
   Eisenberger Mario
   (Last) (First) (Middle)
   4400 BISCAYNE BOULEVARD, SUITE 888
   C/O THE FEMALE HEALTH COMPANY
   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)
   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>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>V (A)</td>
<td>45,000</td>
<td>$0</td>
</tr>
<tr>
<td>V (D)</td>
<td>45,000</td>
<td>$0</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.