1. Name and Address of Reporting Person
BETHUNE DAVID R

THE FEMALE HEALTH COMPANY
515 NORTH STATE STREET, SUITE 2225
CHICAGO, IL 60610

2. Issuer Name and Ticker or Trading Symbol
FEMALE HEALTH CO [ FHC ]

3. Date of Earliest Transaction (Month/Day/Year)
05/29/2009

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

5. Relationship of Reporting Person(s) to Issuer
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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>30,000</td>
<td>$3.92</td>
<td></td>
</tr>
</tbody>
</table>

Date Exercisable: 06/29/2009
Expiration Date: 05/29/2019

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>30,000</td>
<td>Common Stock 30,000</td>
</tr>
</tbody>
</table>

Price of Derivative Security: $3.92

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.