FORM 4

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
   DEARHOLT STEPHEN M
   36365 TRAIL RIDGE ROAD
   STEAMBOAT SPRINGS CO 80488

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

3. Date of Earliest Transaction (Month/Day/Year)
   01/05/2011

4. If Amendment, Date of Original Filed (Month/Day/Year)
   01/05/2011

5. Relationship of Reporting Person(s) to Issuer
   X Director
   X 10% Owner

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security</th>
<th>2. Transaction Date (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, par value $.01 per share</td>
<td>01/05/2011</td>
<td>G V</td>
<td>2,296 D</td>
<td>$0</td>
<td>2,228,485</td>
<td>D</td>
</tr>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>01/05/2011</td>
<td>G V</td>
<td>30,650 I</td>
<td>Note (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>01/05/2011</td>
<td>G V</td>
<td>69,500 I</td>
<td>Note (3)</td>
<td></td>
<td></td>
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<tr>
<td>Common Stock, par value $.01 per share</td>
<td>01/05/2011</td>
<td>G V</td>
<td>293,274 (1) I</td>
<td>Note (4)</td>
<td></td>
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</tr>
<tr>
<td>Common Stock, par value $.01 per share</td>
<td>01/05/2011</td>
<td>G V</td>
<td>418,100 I</td>
<td>Note (5)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
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</tbody>
</table>

Explanation of Responses:

1. The reporting person previously filed a Form 4 report on January 5, 2011 reporting the gift of 2,296 shares of common stock on January 5, 2011. The reporting person is amending the previously filed Form 4 report to correct the number of shares reported by the reporting person as held in a trust to which the reporting person is a trustee.

2. Shares are held by the reporting person's self-directed IRA.
3. Shares are held by a profit sharing plan, of which the reporting person is a beneficiary.
4. Shares are held by a trust, of which the reporting person is a trustee.
5. Shares are held by a trust, of which the reporting person is a trustee.

/s/ James M. Bedore, Attorney-in-Fact 09/01/2011
** 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 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.