1. Name and Address of Reporting Person
LEEPER MARY ANN

(Last) (First) (Middle)
THE FEMALE HEALTH COMPANY
515 NORTH STATE STREET, SUITE 2225

(Street) (City) (State) (Zip)

FEMALE HEALTH CO [ FHCO ]

4. If Amendment, Date of Original Filed

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

Common Stock, par value $.01 per share

12/14/2005
S 24,400 D $1.8 199,500 D

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

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)

2. Transaction Code (Instr. 8)

3. Transaction Date (Month/Day/Year)

4. Date Exercisable and Expiration Date (Month/Day/Year)

5. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)

6. Price of Derivative Security (Instr. 5)

7. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

8. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

James M. Bedore, Attorney-in-fact

12/14/2005

** 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.