FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

	*			or s						es Exchanç npany Act o			4		Estim	per response:	0.5
1. Name and Address of Reporting Person* Bryan Jones W.					2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]								(Cł	eck all app Direc	olicable) ctor		Owner
(Last) (First) (Middle) 805 KING FARM BLVD, SUITE 550				3. Date of Earliest Transaction (Month/Day/Year) 08/04/2017								X Officer (give title Other (specify below) Sr. Vice Pres., BD & Licensing					
				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	osed o	f, or	Bene	ficia	ly Owne	ed		
Date				e onth/Day/Year) if				Transaction Disposed Code (Instr. 5)					Securi Benefi Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	Transa	ction(s)		(111341.4)
Common Stock, Class A 08/04					4/2017			P	V	4,700		A	\$ 10 .	6 4	1,700	D	
	Та													Owned			
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		Date, y/Year)	Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year) Date Expiration			Amour or Number of		ount	Derivative Security	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
(Street) ROCKVILLE MD 20850 (City) (State) (Zip) Table I - Non- 1. Title of Security (Instr. 3) Common Stock, Class A Table II - Defectivative Conversion or Exercise Price of Derivative Class Price of Derivative Conversion or Exercise Price Or Exer				Table I - Non-Derive (Month/Day/Year) Table I - Non-Derive (Amount of the content of the conten	FARM BLVD, SUITE 550 LE MD 20850 (State) (Zip) Table I - Non-Derivative (Month/Day/Year) ock, Class A 08/04/2017 Table II - Derivative S (e.g., puts, conversion or Exercise rice of erivative ecurity (Month/Day/Year) Table II - Derivative S (e.g., puts, conversion of Exercise (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (8)	FARM BLVD, SUITE 550 LE MD 20850 (State) (Zip) Table I - Non-Derivative Secundary (Month/Day/Year) Onversion or Exercise rice of erivative ecurity 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. 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Explanation of Responses:

/s/ Jones W. Bryan

08/07/2017

** 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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.