FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT	OF (CHANGES	IN BENEFICIA	AL.	OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Delegals Carela D.					2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Dotece	<u>k Gayle F</u>	<u>1</u>			1-		<u> </u>							,		X C	irecto	or		10% O	wner
(Last) 4520 E.A	•	•	` '			3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014													Other (below)	specify	
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					_ 4. I1	f Ame	ndmei	nt, Date	of O	riginal F	iled	(Month/Da	ay/Yea	ır)			al or	Joint/Group	Filin	g (Check Ap	plicable
(Street)																,	orm 1	filed by One	e Ren	orting Perso	n
BETHES	SDA M	D .	20814															•		•	
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(City)	(S	tate)	(Zip)																		
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1. Title of	Security (Inst	tr. 3)			saction														6. Ownership Form: Direct		7. Nature of Indirect
	Day/Ye	ar) i	if any			Code (Instr. 5)						Be					Beneficial Ownership				
			- ['	WOILLI	wontinbay/rear)		′ " —					_	—∣ Re	Reported		(1) (111341. 4)		(Instr. 4)			
										Code	v	Amount			Price		(Instr. 3 and 4)				
Class A C	Common Ct.	o alv		02/1	0/201	1					\dashv	0.065	,	Λ	64.4	1	_	067		D	
Class A Common Stock 02/18					8/2014	2014				M		9,067)/ A 3		\$4.4	.41 9		,067		D	
Class A Common Stock 02					8/2014	2014				S ⁽¹⁾		9,067	9,067 D \$		\$8.04	4 ⁽²⁾ 0		0) D		
	Sucampo Pharmaceuticals, Inc. [SCMP] Sucampo Pharmaceuticals, Inc. [S																				
		Sucampo Pharmaceuticals, Inc. [SCMP] Check all applicable X Director 10% Owner Other (specify Delow) Check (give title Delow) Check (give title Delow) Check (give title Delow) Check (plus ti																			
	I .	T				Cuii	_		_				_		ilicoj	T		I	. 1		
1. Title of Derivative Security (Instr. 3)	erivative Conversion curity or Exercise (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)			Transa Code (of Deri Sec Acq (A) o Disp of (I (Ins	vative urities uired or oosed O) tr. 3, 4	Exp	Expiration Date			Amount of Securities Underlying Derivative Securi			Derivativ Security (Instr. 5)		derivative Securities Beneficial Owned Following Reported Transactio	e es ally g	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)					Title		or Number of						
Employee Stock Option (Right to	\$4.41	02/18/2014			M			9,067	05/	/02/2013	05	5/02/2021	Comr	non	9,067	\$(314,56	7	D	

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule10b5-1 trading plan adopted by the reporting person on June 13, 2013
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.00 to \$8.14, inclusive. The reporting person undertakes to provide Sucampo Pharmaceuticals, Inc., any security holder of Sucampo Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

/s/ Gayle R. Dolecek

** Signature of Reporting Person Date

02/21/2014

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.