## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>Ueno Ryuji</u>						2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [ SCMP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner  V Officer (give title Other (specify				
(Last) (First) (Middle) 4520 EAST-WEST HIGHWAY SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 05/02/2011								X Officer (give title Officer Scientific Officer					
(Street) BETHESDA MD			20814		4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Apline)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person										ting Person	.		
(City)	(S	State)	(Zip)										1 013011					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					tion	2A. Deem Execution if any (Month/Da	ed 1 Date	3. Transaction Code (Instr.				ed (A) or	5. Amour Securities Beneficia Owned Fe	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	mount (A) or (D)		Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
			Table II - D					uired, Dis	-			-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Code (Ins				Expiration Da (Month/Day/Y ed tr.			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisable		epiration	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)	;) <u> </u>		
Employee Stock Option (right to buy)	\$4.41	05/02/2011		A		300,000		(1)	05	5/02/2015	Class A Common Stock	300,000	\$0	300,000	0	D		
Employee Stock Option (right to buy)	\$4.41	05/02/2011		A		170,000		(2)	05	5/02/2021	Class A Common Stock	170,000	\$0	170,000	0	D		
Employee Stock Option (right to buy)	\$4.41	05/02/2011		A		65,000		(1)	05	5/02/2015	Class A Common Stock	65,000	\$0	65,000		I	By wife <sup>(3)</sup>	
Employee Stock Option	\$4.41	05/02/2011		A		33,280		(2)	05	5/02/2021	Class A Common	33,280	\$0	33,280		I	By wife <sup>(3)</sup>	

## **Explanation of Responses:**

buy)

- 1. Performance Conditions for vesting: 40% when the Fair Market Value of a share of Common Stock determined over any 30 consecutive trading days equals or exceeds \$8/sh; 40% when the Fair Market Value of a share of Common Stock determined over any 30 consecutive trading days equals or exceeds \$12/sh; and 20% when the Fair Market Value of a share of Common Stock determined over any 30 consecutive trading days equals or exceeds \$16/sh.
- 2. Options vest at the rate of 25% on each of the first four anniversaries of the date of grant.
- 3. Dr. Ueno disclaims beneficial ownership of the securities held by his wife.

/s/ Ryuji Ueno 05/05/2011

\*\* Signature of Reporting Person

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.