FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPRO                | VAL       |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |
| l | 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).

## 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 an   | <u>Su</u>   | 2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [ SCMP ] |        |                                 |                                |  |   |               |  | 5. Relationship of Reporting<br>(Check all applicable)<br>Director<br>Officer (give title<br>below) |                                    |   | ig Pers                                | ( 10% C                 | Owner<br>(specify  |   |  |   |  |  |
|--|---|--|--------|---------------------------------|--------------------------------|--|---|---------------|--|---|------------------------------------|---|--|-------------------------|--|---|--|---|--|--|
|  |   |  |        |                                 |                                |  | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2014 |               |  |   |                                    |   |  |                         | belov  | ···   |  | below)  |  |  |
| (Street) BETHESDA MD 20814-651 (City) (State) (Zip)                              |   |  |        | 6519                            | - 4. If                        | 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 |   |  |   |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |  |        |                                 |                                |  |   |               |  |   |                                    |   |  |                         |  |   |  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/                 |   |  |        |                                 |                                | Execution Date,  |   |               | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C |   |                                    |   | nd 5) Securi<br>Benefi                 |                         | icially<br>d Following   | Form<br>(D) o   | wnership<br>n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)       |  |  |
|  |   |  |        |                                 | Code                           | v  | Amount  | (A) or<br>(D) | (A) or (D) Price                                       |   | Transaction(s)<br>(Instr. 3 and 4) |   |  |                         | (1130.4)   |   |  |   |  |  |
| Class A C  | 014(1)  | 14 <sup>(1)</sup>  |        |                                 | S                              |  | 300   | D             | \$6.25   | 508(2)  | 22,783,502                         |   |  | D                       |  |   |  |   |  |  |
| Class A Common Stock 07/31/201   |   |  |        |                                 |                                | 14 <sup>(1)</sup>  |   |               | S  |   | 100                                | D   | \$6                                    | \$6.25                  |  | 22,783,402  |  | D   |  |  |
|  |   | Та   | ble II |                                 |                                |  |   |               |  |   | osed of,<br>convertib              |   |  |                         | vned   |   |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year)   | if any | emed<br>ion Date,<br>/Day/Year) | 4.<br>Transactio<br>Code (Inst |  |   |               | 6. Date Exerc<br>Expiration Da<br>(Month/Day/\)        |   | ate                                | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |  | Deriv<br>Secu<br>(Insti | ative irity  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | G<br>F<br>D<br>o<br>(I                           | LO.<br>Dwnership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |        |                                 | Code                           | v  | (A)   | (D)           | Date<br>Exercis  | sable   | Expiration<br>Date                 | Title   | Amount<br>or<br>Number<br>of<br>Shares |                         |  |   |  |   |  |  |

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 11, 2013.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.25 to \$6.26, inclusive. The reporting person undertakes to provide to 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 set forth in this footnote.

## Remarks:

/s/ Kei Tolliver, Executive Vice President 08/01/2014

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.