FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 205

OMB APPRO	DVAL				
OMB Number:	3235-0287				
Estimated average burd	en				
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

1. Name and Address of Reporting Person* Kiener Peter A						2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]								ck all application Director Officer (all applicable) Director Officer (give title		Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) 805 KING FARM BLVD, SUITE 550					3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018									X Officer (give title Officer (specific below) below) Chief Science Officer					
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/l						2A. Exec	Deemed cution Date	3. Transa	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	Amount (Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock, Class A 02/13						3/2018		D		44,850	44,856 ⁽¹⁾		\$18	(0		D		
			Table II - D					juired, C s, optior						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/Ye	Cod	nsactior le (Instr	Der Sec Acc or E of (I	lumber of ivative urities juired (A) Disposed D) (Instr. and 5)	6. Date Exercisable Expiration Date (Month/Day/Year)		of Securitie		urities ying tive Se	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisal		Expiration Date	Title	O N	mount r umber f Shares		Transactio (Instr. 4)	on(s)			
Stock Option (right to buy)	\$8.33	02/13/2018		D			250,000	(2)	1	0/27/2024	Comm Stock		50,000	\$9.67	0		D		
Stock Option (right to buy)	\$14.82	02/13/2018		D			38,500	(2)	0	3/04/2025	Comm Stock		38,500	\$3.18	0		D		
Stock Option (right to buy)	\$13.8	02/13/2018		D			87,203	(2)	0	3/02/2026	Comm Stocl		37,203	\$4.2	0		D		
Stock Option (right to	\$11.85	02/13/2018		D			133,000	(2)	0	3/02/2027	Comm		33,000	\$6.15	0		D		

Explanation of Responses:

buy)

- 1. This common stock was purchased for \$18.00 per share share in cash, subject to any required withholding of taxes and without interest, upon the effective time of the merger of Sun Acquisition Co.with and into Sucampo Pharmaceuticals, Inc. pursuant to that certain Agreement and Plan of Merger by and among Mallinckrodt plc, Sun Acquisition Co. and Sucampo Pharmaceuticals, Inc. dated December 23, 2017 (the "Merger Agreement").
- 2. This option was cancelled and converted into the right to receive in cash the amount per share by which \$18.00 exceeds the exercise price of the option, subject to any applicable tax witholdings (such amount, the "Option Spread"), upon the effective time of the merger of Sun Acquisition Co.with and into Sucampo Pharmaceuticals, Inc. pursuant to the Merger Agreement. The Option Spread for the unvested portion of the option, if any, will be paid in accordance with the schedule described in the Merger Agreement.

/s/ Peter Kiener

02/13/2018

** 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$