П

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

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

| OWR APPRO | JVAL |
|------------------------|-----------|
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| 1. Name and Addres <u>Claiborne Ca</u> | ss of Reporting Perso <u>ry_J</u> | n* | 2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP] | (Check | tionship of Reporting Pers all applicable) Director Officer (give title | n(s) to Issuer 10% Owner Other (specify | |
|--|--------------------------------------|------------------|--|------------------------|--|---|--|
| (Last) 4520 EAST WE | (First) ST HWY, 3RD FL | (Middle) .OOR | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014 | Х | below) Chief Financial (| below) | |
| (Street) BETHESDA (City) | MD (State) | 20814 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | rting Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Class A Common Stock | 02/27/2014 | | М | | 2,500 | A | \$4.07 | 2,500 | D | |
| Class A Common Stock | 02/27/2014 | | S ⁽¹⁾ | | 2,390 | D | \$ <mark>9</mark> | 110 | D | |
| Class A Common Stock | 02/27/2014 | | S ⁽¹⁾ | | 110 | D | \$9.06 | 0 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|-------|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Option (right to buy) | \$4.07 | 02/27/2014 | | М | | | 2,500 | 06/04/2013 | 10/17/2021 | Class A Common Stock | 2,500 | \$0 | 102,960 | D | |

Explanation of Responses:

1. The sales reported in this Form 4 were realized pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 6, 2013.

02/28/2014

Date

** Signature of Reporting Person

/s/ Cary J. Claiborne

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

 \ast 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.