FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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

				· c	or Secti	ion 30(h) (	of the	Investment C	ompany Act	of 1940						
1. Name and Address of Reporting Person* <u>Egan James</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [ SCMP ]						(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last) (First) (Middle) 4520 EAST WEST HWY SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2009							X Officer (give title Officer Specify below)  Chief Operating Officer				
(Street) BETHESDA MD 20850				4.	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				
(City)	(S	state)	(Zip)													
Date				Transactio	ction 2A. Deemed Execution Date,			3. Transactio	4. Securit	of, or Benefic ties Acquired (A) of d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially (D)		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		٦	Table II - De (e.					uired, Dis s, options,				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 Da if any (Month/Day/Y	Code	4. Transaction Code (Instr.		ber ive ies ed ed nstr.	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	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to buy)	\$4.98	09/14/2009		A		60,000		(1)	09/14/2019	Class A common stock	60,000	\$0.00	60,000	D		
Employee Stock Option (Right to buy)	\$4.99	09/16/2009		A		7,000		(2)	09/16/2019	Class A common stock	7,000	\$0.00	7,000	D		
Employee Stock Option (Right to	\$5.87	09/23/2009		A		60,000		(3)	09/23/2019	Class A common stock	60,000	\$0.00	60,000	D		

## **Explanation of Responses:**

- 1. With regard to 30,000 shares of Class A common stock underlying the option, vesting commences on September 14, 2010 in four equal annual installments and with regard to the balance of 30,000 shares of Class A common stock underlying the option, vesting commences on September 14, 2011 in four equal annual installments.
- 2. Vesting commences on September 16, 2010 in four equal annual installments.
- 3. With regard to 30,000 shares of Class A common stock underlying the option, vesting commences on September 14, 2012 in four equal annual installments and with regard to the balance of 30,000 shares of Class A common stock underlying the option, vesting commences on September 14, 2013 in four equal annual installments.

## Remarks:

buy)

<u>/s/ James J. Egan</u>

09/28/2009

\*\* 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.