FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash

| ington, D.C. | 20549 | | |
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| OMB APPRO | VAL |
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| 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).

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 and Address of Reporting Person* <u>Celeste Anthony C.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP] | | | | | | | (Ch | elationship eck all appl X Direct | icable) | ng Pers | son(s) to Iss 10% Ov | |
|---|---|----------------------------|---|--|---|--|--------|------|---|--------|--------------------|----------------------------|---|---|--------------------|---|---|--|
| (Last) (First) (Middle) 4520 EAST WEST HWY SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/07/2009 | | | | | | | | Office below | r (give title) | | Other (s below) | pecify |
| (Street) BETHES (City) | | | 20814 (Zip) | | - 4. II | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | e) X Form Form | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Deriva) | | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | ed (A) or | 5. Amou Securiti Benefic Owned | int of es ally Following | Form (D) o | n: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) oi (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| | | ٦ | Table II - | | | | | | ired, Di options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) i | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of l | | 6. Date Exercisa Expiration Date (Month/Day/Year | | Amount of | | of s ng e | 8. Price of Derivative Security (Instr. 5) | | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (Right to | \$5.1 | 10/07/2009 | | | A | | 30,000 | | (1) | 1 | .0/07/2019 | Class A common stock | 30,000 | \$0.00 | 30,00 | 0 | D | |

Explanation of Responses:

1. Vesting commences on January 7, 2010 in twelve equal quarterly installments.

Remarks:

/s/ Anthony Celeste

** Signature of Reporting Person Date

10/14/2009

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.