Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Alder Matthias</u>					2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]							eck all applic Directo	cable) or	ng Person(s) to Issue		ner	
(Last) (First) (Middle) 805 KING FARM BLVD, SUITE 550					3. Date of Earliest Transaction (Month/Day/Year) 03/13/2015]	below)	Officer (give title below) EVP, Business D		Other (s below) & Licensin	·	
(Street) ROCKV (City)			20850 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - Non-De	erivativ	e Se	curities	s Ac	quired, Di	isposed	l of,	or Ber	neficiall	y Owned				
Date			ransaction e onth/Day/Y	Execution Date,		Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)		d (A) or tr. 3, 4 and		es ally Following	Form (D) o	: Direct r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership			
						Code V	Amou	nt	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
		-	Table II - Der (e.g					uired, Dis , options,					Owned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion Date E ise (Month/Day/Year) if	Execution Date, if any	Code		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Ui De	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date		itle	Amount or Number of Shares					
Employee Stock Option (right to	\$14.82	03/04/2015		A		50,000		(1)	03/04/20	25 C	Class A Common Stock	50,000	\$0	350,00	00	D	

Explanation of Responses:

1. The options vest in 4 equal annual installments beginning on March 4, 2016

/s/ Matthias Alder

11/20/2015

** 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.