Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287 Estimated average burden 0.5 hours per response

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			0	or Section	30(h) of the Inv	estmen	t Com	pany Act of 19	40				
1. Name and Address of Reporting Person* <u>Donley Matthew Maxwell</u>				2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]						(Check	tionship of Reporting Person(s) to Is all applicable) Director 10% (Officer (give title Other		Owner
(Last) 805 KING FARI	ast) (First) (Middle) 05 KING FARM BLVD., SUITE 550			3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018						X	below)	Other (specify below)	
(Street) ROCKVILLE (City)	MD (State)	20850 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Indiv Line) X	′				
		Table I - No	n-Derivativ	ve Secu	urities Acqu	ıired,	Disp	osed of, o	r Bene	ficially (Owned		
Date			2. Transactio Date (Month/Day/Y	Year) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (I			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)		(iiisti. 4)
Common Stock, Class A 02/1			02/13/20	018		A		36,975(1)	D	\$18	36,975	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3. Transaction Date 3A. Deemed Execution Date, 8. Price of Derivative 11. Nature of Indirect 5. Number of 6. Date Exercisable and 9. Number of 10. Ownership Conversion Transaction of Securities Derivative **Expiration Date** derivative Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Code (Instr. 8) Underlying Derivative Security Security (Instr. 5) (Month/Day/Year) Securities (Month/Day/Year) Securities Form: Direct (D) Beneficial Acquired (A) Beneficially Derivative or Disposed (Instr. 3 and 4) Owned or Indirect (Instr. 4) of (D) (Instr. 3, 4 and 5) Following Reported Security (I) (Instr. 4) Transaction(s) Amount (Instr. 4) Date Expiration Number (D) Title of Shares Code (A) Stock (2) \$7.4 02/13/2018 D 150,000 06/09/2024 150,000 \$10.6 0 D (right to Stock Stock Option Commor 02/13/2018 (2) 09/11/2024 25,000 25,000 \$11.25 0 D \$6,75 D (right to Stock buy) Stock Option 02/13/2018 (2) 03/04/2025 D \$14.82 D 28,000 28,000 \$3.18 0 (right to buy) Stock Stock Option (right to Commor Stock \$13.8 02/13/2018 D 75,000 (2) 03/02/2026 75,000 \$4.2 0 D buy)

Explanation of Responses:

\$11.85

Stock Option

(right to

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)

101 000

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/ Matthew Maxwell Donley 02/13/2018

** Signature of Reporting Person

101,000

\$6.15

Commor

Stock

03/02/2027

Date

0

D

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).

02/13/2018

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.