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

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>Kiener Peter A</u>							2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]									of Reporting Pers cable) or (give title		son(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 805 KING FARM BLVD, SUITE 550						3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017									X Officer (give title below) Other (below) Chief Science Officer				specify
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)					_			,			(Month/Da	Line	Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	ole I - No	n-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	posed o	f, or	r Bene	eficial	y Owned				
Dat				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amou Securitie Benefici Owned F Reporte	es ally Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	Transaci (Instr. 3	tion(s)			(111541.4)
Common Stock, Class A 12/0					7/201	2017			М		50,00	0	A	\$8.33	52	52,023		D	
Common Stock, Class A 12/0				7/2017				S ⁽¹⁾		50,00	0	D	\$16.5	2,023		D			
		7	Table II -								osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Insti				6. Date E Expiratio (Month/D	n Date	•	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s s lly D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	ode V		(D)	Date Exercisa		Expiration Date	or Ni of		Number					
Employee Stock Option (right to	\$8.33	12/07/2017			M			50,000	(3)	1	10/27/2024	Com	ss A nmon 5	50,000	\$0	242,56	i7	D	

Explanation of Responses:

- 1. The sale reported in the Form 4 was effected pursuant to a Rule 10b5 1 trading plan adopted by the Reporting Person.
- 2. Multiple lots for the same price for this order have been combined.
- 3. Grant has a graded vesting schedule. Date Exercisable will vary for each vesting tranche.

/s/ Peter Kiener 12/11/2017

** 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.