FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated avera	ge burden								

0.5

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(	Check this box if no longer subject to
5	Section 16. Form 4 or Form 5
C	bligations may continue. See
- 1	nstruction 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* S&R Technology Holdings, LLC						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Sucampo Pharmaceuticals, Inc. [ SCMP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle) 7501 WISCONSIN AVENUE							3. Date of Earliest Transaction (Month/Day/Year) 04/28/2014									er (give title w)		Other below)	(specify
SUITE 600E  (Street)  BETHESDA MD 20814-6519  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N					Execution Date,		3. Transaction Code (Instr. 8)					nd 5) Secur Benef Owner		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A Common Stock 04/28/201					14(1)	4 <sup>(1)</sup>		S		97,133	D	\$6.65	535(2) 2		837,269	]	D		
Class A Common Stock 04/29/201					14 <sup>(1)</sup>	.4(1)		S		16,467	D	\$6.63	337 <sup>(3)</sup>	22,	22,820,802		D		
		Та	ble II								osed of, convertib				vned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	emed tion Date, I/Day/Year)  4. Transa Code (8)					6. Date Exerci Expiration Dat (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 11, 2013.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.44 to \$6.94, inclusive. The reporting person undertakes to provide to Sucampo Pharmaceuticals, Inc., any security holder of Sucampo Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.55 to \$6.85, inclusive. The reporting person undertakes to provide to Sucampo Pharmaceuticals, Inc., any security holder of Sucampo Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Kei Tolliver, Executive Vice President

04/30/2014

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.