FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

Check this box if no longer subject	tc
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

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*  MUNDER BARBARA A					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)  X Director 10% Owner						
MUNDER DANDARA A													or		10% Ow	ner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/22/2013							Officer below)	(give title		Other (s below)	pecify		
4520 EAST-WEST HWY, 3RD FLOOR					12212	015												
,						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)					In a mondificial, Date of Original Flied (Montili Day/Teal)							Line)						
BETHESDA MD US 20814												X Form filed by One Reporting Person						
DETITESDIX IND 03 20014				_								Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tak	le I - Non-De	erivativ	e Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficial	y Owned	l					
Date				ransaction e nth/Day/Y	Execution Date,		Date	Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)		ed (A) or tr. 3, 4 and	Beneficia Owned F	es ally Following	6. Own Form: I (D) or II (I) (Inst	Direct c ndirect E r. 4) (	7. Nature of Indirect Beneficial Ownership		
				Code V			Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(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	tercise (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year)	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Director Stock Option (Right to	\$8.62	05/22/2013		A		20,000		(1)	05/22/2023	Class A Common Stock	20,000	\$0	50,000		D			

## Explanation of Responses:

1. The options vest in twelve equal monthly installments.

/s/ Barbara A. Munder

05/30/2013

\*\* 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.