FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:	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

Name and Address of Reporting Person*     Claiborne Cary J					<u>Su</u>	Issuer Name and Ticker or Trading Symbol     Sucampo Pharmaceuticals, Inc. [ SCMP ]  3. Date of Earliest Transaction (Month/Day/Year)								eck all applic Directo	cable) or (give title	10% Owne		ner
(Last) (First) (Middle) 4520 EAST WEST HWY, 3RD FLOOR					05/24/2013								(	Chief finar	ncial	officer		
(Street)	SDA M	ID	US 208:	14	4. If Amendment, Date of				e of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)															
			le I - N			_			1	l, Di	sposed o						1.	
Date			Date	th/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			,iiisti. 4)
Class A Common Stock 05/24/2					2013	013		X		10,300	D	\$9.0034	125	5,865		D		
		-	Γable II	- Deriva (e.g., ¡	ative puts,	Secu calls	ıritie s, wa	s Acq arrants	uired, s, optic	Dis <sub> </sub>	posed of, convertil	or Ben ble secu	eficially urities)	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code ( 8)		on of		6. Date Exercis Expiration Dat (Month/Day/Ye		е	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$4.07	05/24/2013			X			8,300	10/17/2	012	10/17/2021	Class A Common Stock	8,300	\$9.0034	127,86	55	D	
Employee Stock Option (Right to	\$4.41	05/24/2013			X			2,000	05/02/20	12 <sup>(2)</sup>	05/02/2021	Class A Common Stock	2,000	\$9.0034	125,86	55	D	

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$9.00 to \$9.025, inclusive. The reporting person undertakes to provide 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.
- 2. The date exercisable for a portion of the stock options is 05/02/2013.

/s/ Cary J. Claiborne

05/29/2013

\*\* 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.