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 por rosponso:	0.5									

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

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>Greenleaf Peter</u>					2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]								eck all applic Directo	ationship of Reporting k all applicable) Director Officer (give title below)		10% Ow	vner	
(Last) (First) (Middle) 805 KING FARM BLVD, SUITE 550					3. Date of Earliest Transaction (Month/Day/Year) 11/28/2016											Other (s below)	ресіту	
(Street) ROCKV (City)	OCKVILLE MD 20850				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Trans. Date					saction	Execution Date,		3. 4. Securitie Transaction Disposed 0			es Acquired	(A) or	5. Amou	s	Form:	m: Direct	7. Nature of Indirect	
				(Month	onth/Day/Year)		if any (Month/Day/Year)		Code (Instr. 8)		Amount	(A) or (D)	Price	Beneficia Owned F Reported Transact (Instr. 3 a	ollowing I ion(s)	(D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)
Common Stock, Class A 11/28/					8/201	2016		M		117,541	l A	\$6.75	120	,054		D		
Common Stock, Class A 11/28/2					8/201	2016			S	117,541 D \$16.91 ⁽¹⁾ 2,513		513	D					
Common Stock, Class A 11/29/2					9/201	2016					82,459	A	\$6.75	84,	84,972		D	
Common Stock, Class A 11/29/2					9/201	/2016					82,459	D	\$16.75	(2) 2,5	513		D	
			Table II								oosed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactio Code (Insti 8)				6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	O Fe D OI (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4))ii(s)			
Employee Stock Option (right to buy)	\$6.75	11/28/2016			M			117,541	10/30/20	015	09/11/2024	Class A Common Stock	117,541	\$0	1,512,45	59	D	
Employee Stock Option (right to	\$6.75	11/29/2016			M			82,459	10/30/20	015	09/11/2024	Class A Common Stock	82,459	\$0	1,430,00	00	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 \$16.80 to \$17.35, inclusive. The reporting person will, upon request, provide any security holder of Sucampo Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission full information regarding the number of shares sold at each separate price within the range.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.75 to \$16.78, inclusive. The reporting person will, upon request, provide any security holder of Sucampo Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission full information regarding the number of shares sold at each separate price within the range.

/s/ Peter Greenleaf

11/30/2016

** 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.