FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
	Estimated average burde	en				
l	hours per response:	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

					UI Jeci	1011 30(11)	or tire	investment C	ompany Act	01 1940							
		Reporting Person*		2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [ SCMP ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Knapp Thomas J</u>												X Directo	r		10% Ow	ner	
(Last) (First) (Middle) 4520 EAST WEST HWY, STE 300						3. Date of Earliest Transaction (Month/Day/Year) 05/02/2011							Officer (give title Other (specify below) below)				
4520 EA	.SI WESI .	HWY, SIE 300	L														
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line)  X Form filed by One Reporting Person					
BETHESDA MD		US 20814									_	Form filed by More than One Reporting					
												Form fi Person		e than	One Report	ting	
(City) (State) (Zip)																	
		Ta	ble I - Non-I	Derivati	ve Se	ecurities	s Ac	quired, D	isposed (	of, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Tran: Date (Month					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	s Illy ollowing	Form:	Direct Indirect Introduced Interest Int	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) o	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II - De					uired, Dis , options,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (Inst				6. Date Exerc Expiration D (Month/Day/	ate	of Securities		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
											Amount	1	Transactio (Instr. 4)	on(s)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares						
Employee Stock Option (Right to buy)	\$4.41	05/02/2011		A		14,400		(1)	05/02/2021	Class A common stock	14,400	\$0	14,40	0	D		
Employee Stock Option (Right to	\$4.41	05/02/2011		A		106,250		(2)	05/02/2021	Class A common stock	106,250	\$0	106,25	50	D		

## **Explanation of Responses:**

- 1. Commencing on May 2, 2012, the first anniversary of the original grant date, the option vests annually with respect to 25% of the aggregate option share total.
- 2. Performance Conditions for vesting: 40% when the Fair Market Value of a share of Common Stock determined over any 30 consecutive trading days equals or exceeds \$12/sh = 42,500; and 20% when the Fair Market Value of a share of Common Stock determined over any 30 consecutive trading days equals or exceeds \$12/sh = 42,500; and 20% when the Fair Market Value of a share of Common Stock determined over any 30 consecutive trading days equals or exceeds \$12/sh = 42,500; and 20% when the Fair Market Value of a share of Common Stock determined over any 30 consecutive trading days equals or exceeds \$16/sh = 21,250.

/s/ Thomas J. Knapp

05/04/2011

\*\* 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.