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*
Kuno Sachiko

2. Issuer Name and Ticker or Trading Symbol
Sucampo Pharmaceuticals, Inc. [ SCMP ]

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
Director X 10% Owner
Officer (give title below) Other (specify below)

3. Date of Earliest Transaction (Month/Day/Year)
02/13/2018

6. Individual or Joint/Group Filing (Check Applicable Line)
X Form filed by One Reporting Person
Form filed by More than One Reporting Person

4. If Amendment, Date of Original Filed (Month/Day/Year)


<table>
<thead>
<tr>
<th>Title and Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Form filed by One Reporting Person</td>
</tr>
<tr>
<td>Form filed by More than One Reporting Person</td>
</tr>
</tbody>
</table>

** Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned **

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3 and 4)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>01/25/2018</td>
<td>G V</td>
<td>2,000,000</td>
<td>D $0.00</td>
<td>5,137,344</td>
<td>By SK Impact Fund, LLC</td>
<td>I</td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td>02/13/2018</td>
<td>U</td>
<td>5,137,344</td>
<td>D $18</td>
<td>0</td>
<td>By SK Impact Fund, LLC</td>
<td>I</td>
</tr>
</tbody>
</table>

** Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) **

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>7. Title and Amount of Securities Underlying Derivative Security Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
</table>

** Explanation of Responses:**
1. Disposed of upon expiration of the tender offer conducted by Sun Acquisition Co., a Delaware corporation (“Purchaser”), pursuant to the terms of the Agreement and Plan of Merger, dated as of December 26, 2017, among Sucampo Pharmaceuticals, Inc., a Delaware corporation (the “Issuer”), Mallinckrodt plc, an Irish public limited company (“Parent”), and Purchaser, a wholly owned subsidiary of Parent, whereby Purchaser offered to purchase each outstanding share of Class A Common Stock, par value $0.01 per share, of the Issuer at a purchase price of $18.00 per share in cash, subject to any required withholding of taxes and without interest.

** Remarks:**
/\ Kei Tolliver, by Power of Attorney 02/14/2018
** 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).
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.