FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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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(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* Walbert Timothy P						2. Issuer Name and Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [SCMP]									ationship o c all applic Directo	cable)	g Pers	Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) 805 KING FARM BLVD, SUITE 550							3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018									Officer (give title Other (specify below)				
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)						4. If Amendment, Date 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					
Table I - Non-Deriva: 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					saction	ction 2A. Deemed Execution Date,			3. Transa	ction	4. Securi	ties Acquir	ed (A) or	_	5. Amour	nt of	6. Ownership Form: Direct	: Direct	7. Nature of Indirect	
					i/Day/Ye			if any (Month/Day/Year)		Code (Instr. 8)		Amount (A) or F		<u> </u>	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
Common Stock, Class A 02/13/3						2018		D		5,130		D \$18		0			D			
		٦	Гable II -						uired, D , option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,		Transaction Code (Instr.		umber vative urities uired or oosed O) (Instr. and 5)	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		D	. Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration vate	Title	Amoun or Numbe of Shares	r						
Director Stock Option (right to	\$10.3	02/13/2018			D			10,000	(2)	0	6/01/2027	Common Stock	10,00	0	\$7.7	0		D		

Explanation of Responses:

- 1. This common stock was purchased for \$18.00 per share share in cash, subject to any required withholding of taxes and without interest, upon the effective time of the merger of Sun Acquisition Co.with and into Sucampo Pharmaceuticals, Inc. pursuant to that certain Agreement and Plan of Merger by and among Mallinckrodt plc, Sun Acquisition Co. and Sucampo Pharmaceuticals, Inc. dated December 23, 2017 (the "Merger Agreement"). The common stock consisted of restricted stock units that were accelerated as a result of the Merger Agreement.
- 2. This option was cancelled and converted into the right to receive in cash the amount per share by which \$18.00 exceeds the exercise price of the option, subject to any applicable tax witholdings (such amount, the "Option Spread"), upon the effective time of the merger of Sun Acquisition Co.with and into Sucampo Pharmaceuticals, Inc. pursuant to the Merger Agreement. The Option Spread for the unvested portion of the option, if any, will be paid in accordance with the schedule described in the Merger Agreement.

/s/ Timothy P. Walbert 02/13/2018

** 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).
- ** 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.