FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
l .										

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*  Clemens Kevan				2. Issuer Name <b>and</b> Ticker or Trading Symbol MEI Pharma, Inc. [ MEIP ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O MEI PHARMA, INC.				3. Date of Earliest Transaction (Month/Day/Year) 07/02/2020									X Director 10% Owner Officer (give title below) Other (spec						
11455 El	L CAMINO	REAL, SUITE	250		4. 11	f Ame	ndment. I	Date	of Original File	ed (Month/	Dav/Yea	r)	6. Ir	ndividual or J	loint/Group	Filing	Check App	licable	
(Street) SAN DIEGO CA 9			92130			Line)									ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																			
		Tak	ole I - Non-	-Deriva	ative	e Se	curities	s Ac	quired, Di	sposed	of, or	Bene	ficiall	y Owned					
1. Title of Security (Instr. 3)				2. Transac Date (Month/Da		ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Ins	on Dispos				5. Amour Securitie Beneficia Owned F Reported	s ally following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V	Amour	Amount (A) or (D)		Price	Transact (Instr. 3 a	ion(s) and 4)				
		•	Table II - D (e						uired, Dis s, 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/Ye	Co	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Se Unde Deriv	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable	Expiration Date	ı Title	OI N Of	umber						
Stock Option (Right to Buy)	\$3.49	07/02/2020			A		50,000		(1)	07/02/203	0 Com Sto		0,000	\$0.00	50,000		D		
Stock Option (Right to Buy)	\$6.47								(2)	12/03/202	4 Com Sto		2,667		12,667		D		
Stock Option (Right to Buy)	\$1.57								(2)	07/28/202	5 Com Sto		0,000		20,000		D		
Stock Option (Right to Buy)	\$1.36								(2)	07/29/202	6 Com Sto		0,000		40,000		D		
Stock Option (Right to Buy)	\$2.83								(2)	07/06/202	7 Com Sto		0,000		40,000		D		
Stock Option (Right to Buy)	\$4.28								(2)	07/12/202	8 Com Sto		0,000		40,000		D		
Stock Option (Right to Buy)	\$2.52								(2)	07/01/202	9 Com Sto		0,000		40,000		D		

## **Explanation of Responses:**

- 1. The options will vest in equal monthly installments over twelve months.
- 2. All of such options are presently exercisable.

## Remarks:

/s/ Brian G. Drazba, as attorney 07/02/2020

in fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.