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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0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ٦ | Section 16. Form 4 or Form 5 |
| J | Section 16. Form 4 or Form 5 obligations may continue. See |
| | Instruction 1(h) |

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>Baltic Charles V. III</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MEI Pharma, Inc. [MEIP] | | | | | | | | | | Check all | ionship of Reporting F all applicable) Director | | | Person(s) to Issuer | |
|---|--|--|--|---------|-------|--|--|---|------|----------------------------------|------|---------------------|--|------------------------|-------|--|---|---|---|--|--|
| (Last) (First) (Middle) C/O MEI PHARMA, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2015 | | | | | | | | | | | Officer (give title below) | | Other (s below) | | |
| 11975 EL CAMINO REAL, SUITE 101 (Street) SAN DIEGO CA 92130 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | Doriv | otivo | | | | | rad F | | 20004.0 | f or | Done | ofici | ally Ov | | . d | | | |
| | | Tabi | e I - Non | i-Deriv | alive | : Se | curiti | es Ac | quii | rea, L | JISI | osea o | ı, or | вене | enci | any Ov | wne | eu . | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | | ar) | Executi if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dis | | Disposed | curities Acquired (A osed Of (D) (Instr. 3, | | | nd Se Be Ov | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | ď | Code | v | Amount | | A) or D) | Price | , ∣πr | Transaction(s) (Instr. 3 and 4) | | | | (11341. 4) |
| Common Stock, par value \$0.00000002 01/21/ | | | | | | /2015 | | | | P | | 5,000 | 5,000 A | | \$3 | 3.81 2 | | 4,250 | | D | |
| Common Stock, par value \$0.00000002 | | | | | | | | | | | | | | | | | 5,350 | | | I | By Spouse |
| | | Та | ble II - D | | | | | | | | | sed of, onvertib | | | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Date, | Code | | of Deri Sec Acq (A) of Disp of (I | | | Date Exe piration onth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | 8. Price Derivati Securiti (Instr. 5 | rivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ov Fo Di or (I) | wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | ode V | | | | te ercisabl | | Expiration Date | Title | or Nun of Sha | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Thomas M. Zech, as attorney-in-fact 01/23/2015

** 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.