FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

9	OMB APPROVAL

- 1		
	OMB Number: Estimated average burden	3235-0287
	Estimated average burden	

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed purculant to Section 16(a) of the Securities Evolution Act of 1024

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* GOLD DANIEL P PHD					2. Issuer Name and Ticker or Trading Symbol MEI Pharma, Inc. [MEIP]								(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GOLD DAMEL F FAD														X			10% Owner		1	
(Last)	(F	First)	(Middle)											X	Officer (g below)	ive title		Other (sp below)	ecify	
` ′	י) PHARMA I		3. Date of Earliest Transaction (Month/Day/Year) 07/14/2014									Chief Executive Officer								
11975 EL CAMINO REAL, SUITE 101																				
·						4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Indi	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. II Amenument, Date of Original Filed (Month/Day/Year)								Line)							
SAN DIEGO CA 92130													X	X Form filed by One Reporting Person						
-															Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																	
		Т	able I - Non-	Deriva	tive S	Securition	es A	cqu	ıired, C	Disp	osed	of, or	Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		Code (Instr.		tion	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) Securities Beneficiall Owned Fol		Form:	Direct IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7. Nature of ndirect Beneficial Dwnership		
									Code	V Amoun		nt (A) or Pr		Price	Reported Transaction (Instr. 3 and	n(s) id 4)		(nstr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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)	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			e and	nd 7. Title and Amoun Securities Underly Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exer	e rcisable	Expi Date	iration	Title		Amount or Number of Shares	nt (Ir er	(Instr. 4)	ion(a)			
Option to purchase shares of common	\$6.53	07/14/2014		A		100,000			(1)	07/1	.4/2019	Comn Stock valu \$0.0000	par 1e	100,000	\$0.00	220,062	2 ⁽²⁾	D		

Explanation of Responses:

- 1. One-quarter of the options will vest on July 14, 2015; the remaining three-quarters of the options will vest in equal monthly installments over the following thirty-six months.
- 2. The total number of derivative securities reported in Column 9 includes previously awarded options, which were subject to the effect of a 1 for 6 reverse stock split, which was effective on December 18, 2012.

Remarks:

/s/ Daniel P. Gold

07/16/2014

** 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.