FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| Instruction 1(b). | | | | | t to Section 16(a) o tion 30(h) of the Inv | | | | | 4 | Hours | рег гезропзе. | 0.0 |
|--|---------|----------|---|--|---|----------|---|---|---|-------|-----------------------------|------------------|------------|
| Name and Address of Reporting Person* Glover Nicholas | | | 2. Issuer Name and Ticker or Trading Symbol MEI Pharma, Inc. [MEIP] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) | (First) | (Middle) | | 3. Date 09/20/ | of Earliest Transac 2023 | tion (Mo | onth/D | ay/Year) | | | Officer (give title below) | | (specify |
| C/O MEI PHARMA, INC. 11455 EL CAMINO REAL, SUITE 250 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | 6. Indiv Line) | ' | | | | | |
| (Street) SAN DIEGO | CA | 92130 | | | | | | | | | Form filed by Mor Person | re than One Repo | orting |
| (City) | (State) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | |
| | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, Transaction Disposed Of (D) (Instr. 3, | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) | | (111301.4) |

(e.g., puts, calls, warrants, options, convertible securities) 3. Transaction Date (Month/Day/Year) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security 1. Title of Derivative 3A. Deemed Execution Date, 5. Number of 8. Price of Derivative 9. Number of derivative 11. Nature of Indirect 10. Ownership Derivative Security (Instr. 3) or Exercise Price of if any Code (Instr. 8) Security (Instr. 5) Securities Form: Beneficial (Month/Day/Year) Direct (D) Securities Beneficially Ownership Acquired (A) or Disposed (Instr. 3 and 4) Owned Following or Indirect (I) (Instr. 4) (Instr. 4) Security Reported Transaction(s) (Instr. 4) of (D) (Instr 3, 4 and 5) Amount or Number Date Expiration (A) (D) Exercisable Title Shares Stock Option \$7.01 09/29/2023 10,000 (1) Common 10,000 10,000 A 09/29/2033 \$<mark>0</mark> D (Right to Buy)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Such option shall vest as follows: 16.66666% shall be vested on the date of grant, and the remaining shares subject to the option shall vest in equal monthly amounts beginning October 1, 2023 and continuing on the first day of each calendar month following such date and continuing through July 1, 2024.

> /s/ David M. Urso, as attorney in fact

10/12/2023

** Signature of Reporting Person

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.