SEC Form 4					
FORM 4	UNITED STA	TES SECURITIES AND EXCHANGE COM	MISSION		
		Washington, D.C. 20549		OMB APF	PROVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	ERSHIP	OMB Number: Estimated average hours per response	
1. Name and Address of Reporting Perso Wood Steven D	n*	2. Issuer Name and Ticker or Trading Symbol <u>MEI Pharma, Inc.</u> [MEIP]	5. Relationship of F (Check all applicab X Director	le)	to Issuer 0% Owner
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/18/2023	Officer (gi below)		ther (specify elow)
C/O MEI PHARMA, INC. 11455 EL CAMINO REAL, SUIT	E 250	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Join Line) X Form filed	nt/Group Filing (Che I by One Reporting	
(Street) SAN DIEGO CA	92101		Form filed Person	I by More than One	Reporting
(City) (State)	(Zip)	Rule 10b5-1(c) Transaction Indication		r written plan that is ir	ntended to
Ta	able I - Non-Deriv	ative Securities Acquired, Disposed of, or Benefi	cially Owned		

1. Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 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. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$6.33	12/18/2023		А		6,700		(1)	12/18/2033	Common Stock	6,700	\$0	6,700	D	
Stock Option (Right to Buy)	\$6.33	12/18/2023		A		10,000		(2)	12/18/2033	Common Stock	10,000	\$0	10,000	D	

Explanation of Responses:

1. Such option shall be vested and exercisable with respect to 12.5% of the shares on the date of grant and the remainder of the option will vest and become exercisable in equal monthly amounts of 12.5% of the shares subject to the option, beginning on the first day of each calendar month following the date of grant (January 1, 2024) and continuing through July 1, 2024 with full vesting on July 1, 2024, subject to continued service through the applicable vesting date.

2. Such option shall vest and become exercisable in 36 equal monthly installments, with the first installment vesting on the one-month anniversary of the date of grant, subject to continued service through the applicable vesting date.

> /s/ Justin J. File, as attorney in fact

12/20/2023

** 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.