FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	D.C.	20549	
rasilligion,	D.C.	20040	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

Check this box if no longer subject to	
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

						,					,								
		Reporting Person*				er Name <b>and</b> Pharma,			-	Symb	ool			ationship of F k all applicab		Person	ı(s) to Issuei		
GULD	DANIEL	A P PHD											X	Director			10% Ow	ner	
(1 1)	/-	First)	(Middle)	L									X	Officer (g below)	ive title		Other (sp below)	ecify	
(Last)	,		3. Date of Earliest Transaction (Month/Day/Year)									Chief Executive Officer							
C/O MEI PHARMA, INC.					11/16/2012									ier Liteet	aa, c	o i i i c			
11975 El	L CAMINO	REAL, SUITE	101																
(Street)				_	4. If Am	endment. D	ate o	f Oria		d (Mo	nth/Da	v/Year)	6. Ind	ividual or Joir	nt/Group F	Filina (C	Check Applic	able Line)	
SAN DIEGO CA 92130					4. If Amendment, Date of Original Filed (Month/Day/Year) 11/20/2012								I	X Form filed by One Reporting Person					
				— l										Form filed by More than One Reporting Person					
(City)	(\$	State)	(Zip)																
			Table I - Non-I	Deriva	tive S	Securitie	s Ac	qui	red, D	ispo	sed o	of, or Bene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Trans. Date (Month/I				ate	Day/Year) Execution		ution Date,		Transaction Dispose Code (Instr.		ities Acquired d Of (D) (Instr.	(A) or 3, 4 and 5)	and 5) Securities Beneficial Following		6. Owr Form: (D) or (I) (Ins	Direct Indirect Etr. 4)	7. Nature of ndirect Beneficial Ownership		
									Code V	А	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II - De									, or Benefi ible securi		wned					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date Securities Ur (Month/Day/Year) Derivative Se				7. Title and Ai Securities Un Derivative Sec (Instr. 3 and 4	derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e es ally g	10. 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	Expii Date	ration	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Options to purchase shares of common stock	\$1.42	11/16/2012		A		300,000 <sup>(1)</sup>			(2)	(	(3)	Common Stock, par value \$0.00000002 per share	300,000	\$0	720,3	90	D		

## **Explanation of Responses:**

- 1. Due to a clerical error, the 300,000 options acquired by Dr. Gold on November 16, 2012 were mistakenly reported as disposed of under column 5(D) on the Form 4 previously filed by Dr. Gold on November 20, 2012. The error has been corrected in this filing.
- 2. 200,000 of the options vested on November 16, 2012; the remaining 100,000 of Dr. Gold's options will vest upon the closing of the Securities Purchase Agreement dated November 4, 2012, by and among MEI Pharma, Inc., Vivo Ventures Fund VII, L.P., Vivo Ventures VII Affiliates Fund, L.P., New Leaf Ventures II, L.P., and certain other accredited investors identified in Exhibit A thereto, which was filed as Exhibit 10.1 to a Current Report on Form 8-K by MEI Pharma, Inc. on November 5, 2012.
- 3. The options expire November 15, 2017.

/s/ Daniel P. Gold

11/20/2012

\*\* 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.