FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* <u>Drazba Brian G.</u>					2. Issuer Name and Ticker or Trading Symbol MEI Pharma, Inc. [MEIP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				1					,						Direc	ctor	10%	Owner		
				-									_	X		er (give title		(specify		
(Last)	(1	First)	(Middle)		3. D	3. Date of Earliest Transaction (Month/Day/Year)									belov	,	below	')		
C/O MEI PHARMA, INC.				12/	12/19/2019								Chief Financial Officer							
3611 VALLEY CENTRE DRIVE, SUITE 500																				
5011 1/1	DEET CE	VIIL DIGVE,	OCITE 50	9	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable					
(Ctroot)					.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Date o	. Origina		(,,	,		ine)	rada. o		or imig (Gricon)	фричало	
(Street)	CO (A	92130												X	Form	n filed by One	e Reporting Per	son	
SAN DII	igo (A	92130															re than One Rep	oorting	
					1											Pers	on			
(City)	(:	State)	(Zip)																	
		Та	ble I - No	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	of, or	Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Day/Year) if a		P.A. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (A) ed Of (D) (Instr. 3,				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	e	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 12/19				9/2019				P		12,50	0	A \$1.		1.6 37,500		7,500	D			
			Γable II - I								sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transact Date (Month/Day)			3A. Deem Execution) if any (Month/Da	Date,		Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		vative drity S rity S r. 5) B C F	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	ount nber ires							

Explanation of Responses:

Remarks:

/s/ Brian G. Drazba

12/19/2019

** 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.