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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0								

Instruc	tion 1(b).			Filed							ties Exchan mpany Act					. о ро. т.		0.0
1. Name and Address of Reporting Person*  Wood Steven D					2. Issuer Name <b>and</b> Ticker or Trading Symbol MEI Pharma, Inc. [MEIP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						0 Patr of Farillant Transaction (44, 11, 12, 12, 12, 13)									ector		10% C	
(Last)	(Fi	irst) (I	Middl	le)		3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024									icer (give titl ow)	е	Other below)	(specify
C/O MEI PHARMA, INC. 11455 EL CAMINO REAL, SUITE 250				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
				1									X Form filed by One Reporting Person					
(Street) SAN DII	EGO C	A 9	213	0											rm filed by M rson	lore tha	an One Rep	oorting
					Rule 10b5-1(c) Transaction Indication						on							
(City)	(S	tate) (2	Zip)		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	1 - 1	Non-Deriva	tive	Securi	ities A	Acqu	ired,	Dis	posed o	f, or E	Benefici	ally Ow	ned			
Date		2. Transaction Date (Month/Day/Ye	Execution		Date,	Cod	Transaction Code (Instr.					) Secu Bene Owne	ficially d Following	Form (D) or Indire	: Direct	7. Nature of Indirect Beneficial Ownership		
								Cod	e V	Aı	mount	(A) or (D)	Price	Trans (Instr	rted action(s) . 3 and 4)	(Instr	. 4)	Instr. 4)
Common	Common Stock		05/17/2024							3,100	A \$3.17		(1)	4,359		D		
Common	Common Stock													67,733		1 1	See footnote <sup>(2)</sup>	
		Ta	ble	II - Derivati (e.g., pu				•		•	osed of, converti			-	ed			
Derivative Conversion Date Security or Exercise (Month/Day/Year) if an		Deemed ecution Date, ny onth/Day/Year)	Code (Instr.		5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed ed	Expiration (Month/Dies d			Amor Secu Unde Deriv	rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
													Amount or Number					

## **Explanation of Responses:**

1. The price reported is a weighted-average price. These shares were purchased in multiple transactions with prices ranging from \$3.10 to \$3.18 per share. The reporting person undertakes to provide MEI Pharma, Inc., any security holders of MEI Pharma, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each price within the range set in this Form 4.

(D)

Date

Exercisable

Expiration

Title

Shares

Date

2. The reported shares are held of record by GreenWood Builders Fund III, LP. Mr. Steven Wood is the Chief Investment Officer at GreenWood Investors LLC, who severs as investment advisor to GreenWood Builders Fund III, LP., and as such may be deemed to beneficially own the securities held by GreenWood Builders Fund III, LP. Mr Wood disclaims such beneficial ownership except to the extent of his pecuniary interest therein, if any.

> /s/ David M. Urso, as attorney 05/21/2024 in fact

\*\* 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.