FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- 1										
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

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

					ui seci	1011 30(11)	Ji tile	investment (Julipariy Ac	1011340							
1. Name and Address of Reporting Person* GOLD DANIEL P PHD					2. Issuer Name and Ticker or Trading Symbol MEI Pharma, Inc. [MEIP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
							,		,		7	Director			10% Ow	ner	
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							Officer (give title below)			Other (s below)	pecify	
C/O MEI PHARMA, INC.					07/01/2019							Chief Executive Officer					
3611 VALLEY CENTRE DRIVE, SUITE 500																	
5011 171	LLLI CLI	VIICE DIG VE, O	0112 300		If Ame	endment [Date (of Original File	ed (Month/D	av/Vear)	6 In	dividual or 1	nint/Group	Filing	(Check Ann	licable	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN DII	EGO C	A	92130								2	Form fil	ed by One	Repo	rting Person		
											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)									Person					
		Ta	ble I - Non-D	erivati	ve Se	curities	s Ac	quired, D	isposed	of, or Be	neficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date if any (Month/Day/Yea		r, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficia Owned Fo	s lly ollowing	Form (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) (D)	Price	Reported Transacti (Instr. 3 a				(Instr. 4)	
			Table II - De					uired, Dis s, options				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year	4. Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Stock Option (Right to	\$2.52	07/01/2019		A		680,000		(1)	07/01/2029	Common Stock	680,000	\$0.00	680,00	00	D		

Explanation of Responses:

1. One-quarter of such Options shall vest on July 1, 2020 and the remaining three-quarters of such options shall vest monthly over a three-year period beginning on July 1, 2020.

Remarks:

/s/ Brian G. Drazba, as attorney 07/01/2019 in fact

** 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.