FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	DС	20549	
vasiliigton,	D.C.	20049	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	e· 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Flynn James P					2. Issuer Name and Ticker or Trading Symbol MEI Pharma, Inc. [MEIP]										o of Reportir licable) tor	ng Pei	rson(s) to Is		
(Last)	(Fir	st) (M	Middle	*)		3. Date of Earliest Transaction (Month/Day/Year) 05/16/2024								Office below	er (give title v)		Other (s below)	specify	
C/O MEI PHARMA, INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						) 6.	6. Individual or Joint/Group Filing (Check Applicable						
11455 EL CAMINO REAL, SUITE 250											Liı	Line)  X Form filed by One Reporting Person							
(Street)														Form filed by One Reporting Person  Form filed by More than One Reporting Person					
SAN DII	EGO CA	. 9.	2130		Rul	Pule 10h5 1(c) Transaction Indication							n						
(City)	(Sta	ate) (Z	Zip)		\	Rule 10b5-1(c) Transaction Indication													
(5.3)	(	(-				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	I - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Execution (Fig. 1) (F		emed ion Date, /Day/Year)				Acquired (A) or (D) (Instr. 3, 4 a		5)	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		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/16/20				05/16/20	)24				A		7,900	A	\$3.162	1(1)	7,900		0 D		
	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)	Exec if an	Deemed ution Date, y tth/Day/Year)		Transaction of Code (Instr. Derivative			Expiration Date (Month/Day/Year) Amount Security Underly Derivative Security 3 and 4)			int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. The price reported is a weighted-average price. These shares were purchased in multiple transactions with prices ranging from \$3.11 to \$3.21 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.

/s/ David M. Urso, as attorney 05/20/2024

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.