FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Vashington, | D.C. | 20549 | |
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| gton, D.C. 20549 | OMB APPROVAL |
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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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Clemens Kevan | | | | | 2. Issuer Name and Ticker or Trading Symbol MEI Pharma, Inc. [MEIP] | | | | | | | | | able) | g Perso | 10% Ow | ner | |
|---|--|--|---|-----------------|--|--------|-------------------------------|---|-----|----------------|---|---|---|---------------------|--|---------------------------------------|-----|--|
| | I PHARMA | | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2014 Officer (give title below) | | | | | | | | | | Other (s below) | pecify | | |
| 11975 EI | L CAMINO | REAL, SUITE | 101 | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Inc | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) SAN DII | EGO C | A | 92130 | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | Transacti ate Ionth/Day | Execution Date, | | Code (| Transaction Code (Instr. 3, 4 | | | | | | Form: (D) or | | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | | |
| | | | | | Code V Amount (A) or (D) | | | | | Price | Transactio | | | | III3U. 4) | | | |
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Code | ansaction of E | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amc Securities Unde Derivative Secu (Instr. 3 and 4) | | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | 1 | Amount or Number of Shares | | | | | |
| Option to purchase shares of common stock | \$6.47 | 12/03/2014 | | A | | 12,667 | | (1) | 12/ | /03/2024 | Common Stock par value \$0.0000000 | - 1 | 12,667 | \$0.00 | 12,66 | 57 | D | |

Explanation of Responses:

1. 8,000 of the options will vest ratably each month during a period of 36 months from the date of grant. 4,667 of the options will vest in equal monthly installments over seven months.

Remarks:

/s/ Thomas M. Zech, as 12/05/2014 attorney-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.