

| OMB APPROVAL | |
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | |
|--|---|---|--|
| 1. Name and Address of Reporting Person* <u>Funicular Funds, LP</u> <hr/> (Last) (First) (Middle) 601 CALIFORNIA STREET SUITE 1151 <hr/> (Street) SAN FRANCISCO CA 94108 <hr/> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 05/19/2023 | 3. Issuer Name and Ticker or Trading Symbol <u>MEI Pharma, Inc. [MEIP]</u> | |
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) | 5. If Amendment, Date of Original Filed (Month/Day/Year) |
| | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock ⁽¹⁾ | 326,400 | D | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|--|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |
| | | | | | | | |

1. Name and Address of Reporting Person*
Funicular Funds, LP

 (Last) (First) (Middle)
 601 CALIFORNIA STREET
 SUITE 1151

 (Street)
 SAN FRANCISCO CA 94108

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Cable Car Capital LLC

 (Last) (First) (Middle)
 601 CALIFORNIA STREET
 SUITE 1151

 (Street)
 SAN FRANCISCO CA 94108

 (City) (State) (Zip)

| | | |
|--|---------|----------|
| (City) | (State) | (Zip) |
| 1. Name and Address of Reporting Person* | | |
| Ma-Weaver Jacob | | |
| (Last) | (First) | (Middle) |
| 601 CALIFORNIA STREET | | |
| SUITE 1151 | | |
| (Street) | | |
| SAN | CA | 94108 |
| FRANCISCO | | |
| (City) | (State) | (Zip) |

Explanation of Responses:

1. The securities were purchased and are held by Funicular Funds, LP (the "Fund"). Cable Car Capital LLC ("Cable Car"), as the General Partner of the Fund, and Jacob Ma-Weaver, as the Managing Member of Cable Car, may each be deemed the beneficial owner of the shares owned by the Fund. Each of the Reporting Persons is a member of a Section 13(d) group that collectively owns more than 10% of the Issuer's outstanding shares of Common Stock. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.

| | |
|--|----------------------------|
| By: Cable Car Capital LLC, By: /s/ Jacob Ma-Weaver, Managing Member | 05/30/2023 |
| By: Funicular Funds, LP, By: Cable Car Capital LLC, By: /s/ Jacob Ma-Weaver, Managing Member | 05/30/2023 |
| By: /s/ Jacob Ma-Weaver | 05/30/2023 |
| ** 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 5 (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.