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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) | |
|---|---|--|
| | Instruction 1(b). | |
| | Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPRC | VAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] <u>Rombotis Spiro George</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc.</u> [CYCC] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--------------------|-------|--|-----------------------|---|-----------------------|--|--|--|
| Rombotis Sp | <u>piro George</u> | | | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) 200 CONNELL DRIVE, SUITE 1500 | | | 3. Date of Earliest Transaction (Month/Day/Year) | - x | Officer (give title below) | Other (specify below) | | | |
| | | | | | President & C.E.O. | | | | |
| (Street) BERKELEY HEIGHTS | NJ | 07922 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) X | vidual or Joint/Group Fili Form filed by One Re | | | | |
| (City) | (State) | (Zip) | — | | Form filed by More th Person | an One Reporting | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Table 1- Non-Delivative Decunities Acquired, Disposed of, of Denenciary Owned | | | | | | | | | | |
|---|--|---|------------------------------|---|---|---------------|---------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock, par value \$0.001 per share | 11/19/2008 | | Р | | 8,000 | A | \$0.355 | 437,648(1) | D | |
| Common Stock, par value \$0.001 per share | 11/20/2008 | | Р | | 900 | A | \$0.311 | 438,548 ⁽¹⁾ | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nur of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | Expiration Date (Month/Day/Year) | | Expiration Date Amount of | | | Derivative deriva Security Securi (Instr. 5) Benefi Owned Follow Report Transa | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---------------------------------|-------------------------------------|--------------------|---------------------------|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Of the shares of common stock reported, 1,000 shares are held indirectly by Mr. Rombotis through his IRA account.

<u>/s/ Spiro George Rombotis</u>

<u>11/21/2008</u> Date

** Signature of Reporting Person

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.