FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

					or	Section	on 30(n) d	of the II	nvestmen	Con	npany Act	of 1940									
1. Name and Address of Reporting Person*  BARKER SAM L						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Cyclacel Pharmaceuticals, Inc. [ CYCC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BARKER SAW L					1-	/				ĺ		-		X	Directo	or		10% Ov	vner		
(Last) (First) (Middle) C/O CYCLACEL PHARMACEUTICALS, INC.,						3. Date of Earliest Transaction (Month/Day/Year) 05/30/2017									Officer below)	(give title		Other (s below)	specify		
200 CONNELL DRIVE, SUITE 1500					4 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. "	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)						
BERKEI	LEY		05000											Х	Form 1	iled by One	Repo	orting Perso	n		
HEIGHT	S N.	J	07922												Form t Perso		e thar	n One Repo	rting		
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	າ-Deriv	ative	e Se	curities	s Acc	quired,	Dis	osed o	of, or Bo	enefi	cially	y Owned	ł					
1. Title of Security (Instr. 3)  2. Transa Date (Month/E						ear) i	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		4 and Securiti Benefic Owned		es For ially (D) Following (I) (		rm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pi	ice	Reporte Transac (Instr. 3	ion(s)			Instr. 4)		
		7	able II -									, or Ber ble sec			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 5 and 5)	tive ( ties ed	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 Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber							
Stock Option (right to	\$4.38	05/30/2017			A		2,000		05/30/201	3 0	5/30/2027	Common Stock	2,0	00	\$0 <sup>(1)</sup>	2,000		D			

## **Explanation of Responses:**

1. These options were granted to Dr. Barker for his services as a member of the board of directors of Cyclacel Pharmaceuticals, Inc.

/s/ Sam L. Barker

06/01/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.