FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| | OMB Number: | 3235-0287 |
| | Estimated average burd | en |
| 1 | hours per response: | 0.5 |

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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

| 1. Name and Address of Reporting Person* Sosnowski Robert Edward | | | | 2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC] | | | | | | | elationship o eck all applica Director Officer (below) | able) | Persor | 10% Ow Other (sp | ner | |
|--|---|--|---|---|---|--|----------------------|--|--------------------|---|---|---|--|--|--|--|
| (Last) (First) (Middle) 200 CONNELL DRIVE, SUITE 1500 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2008 | | | | | | | VP, Marketing & Sales | | | | | |
| (Street) BERKEI HEIGHT | rs N | | 07922 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 11/20/2008 | | | | | Line | dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | (Zip) | | | | | | | D. | 6: . : . 11 | . 0 | | | | |
| Date | | | ransactic e | | | 3. Transacti Code (Ins | 4. Securi Dispose | rities Acquired (A) of (D) (Instr. 3, 4 | | 5. Amount of Securities Beneficially | | 6. Own Form: I (D) or II (I) (Inst | Direct II ndirect E r. 4) C | . Nature of ndirect leneficial lownership nstr. 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/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) | y I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Option | \$0.44 | 11/18/2008 | | A | | 100,000 | | (1) | 11/18/2018 | Common Stock | 100,000 | (2) | 100,000 | | D | |

Explanation of Responses:

1. These options are exercisable over a three-year period, with one-third (1/3) of the options granted vesting on November 18, 2009, the first anniversary of the grant date, and the balance of the options granted vesting ratably on a monthly basis over the following 24 months.

2. These securities were issued as part of the Issuer's annual equity compensation to executive officers.

Remarks:

This amendment is being filed to correct that Mr. Sosnowksi was granted only options to purchase shares of common stock and was not granted any restricted stock units as reflected in the Form 4 being hereby amended.

> /s/ Robert E. Sosnowski 01/08/2009

** 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.