FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPI	OMB APPROVAL								
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SCHWARTZ BRIAN					2. Issuer Name and Ticker or Trading Symbol  Cyclacel Pharmaceuticals, Inc. [ CYCC ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last)	.ast) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/29/2024								(give title	Other below Medical Offic	′ I
200 CONNELL DRIVE, SUITE 1500				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)				
(Street) BERKEI HEIGHT	N	J	07922											X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ed to			
		Tab	le I - Nor	ı-Deri	vativ	e Se	curities	s Ac	quired, C	isp	osed o	f, or Be	neficial	ly Owned			
1. Title of Security (Instr. 3)  2. Trans Date (Month/					action 2A. Deemed Execution Date, if any (Month/Day/Yea		Date,	Code (Instr.					Benefici Owned F	ies For cially (D) Following (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	<b>/</b>	Amount	mount (A) or (D)		Reported Transact (Instr. 3	tion(s)		(Instr. 4)	
Common Stock 01/29				29/202	024		A		12,500	(1) A \$0 <sup>(2)</sup>		15,205		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. Transaction Code (Instr.				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)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership tt (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$2.28	01/29/2024			A		12,500		(3)	0	1/29/2034	Common Stock	12,500	\$0 <sup>(2)</sup>	12,500	D	

## Explanation of Responses:

- 1. Consists of restricted stock units ("RSUs"). Each RSU represents the right to receive one share of common stock upon vesting. The RSUs vest in equal monthly installments beginning on February 29, 2024, subject to the Reporting Person's continued service through the applicable vesting date.
- 2. These securities were granted to Dr. Schwartz in connection with his appointment as interim Chief Medical Officer of Cyclacel Pharmaceuticals, Inc.
- 3. The shares underlying the option vest in equal monthly installments beginning on February 29, 2024, subject to the Reporting Person's continued service through the applicable vesting date.

/s/ Brian Schwartz

01/31/2024

...

\*\* 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.