FORM 3

DART KENNETH BRYAN

(First)

(Middle)

(Last)

P.O. BOX 31300

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden
hours per response: 0.5

										nours pe	r response.	0.5
						L6(a) of the Securities Exchange At the Investment Company Act of 1						
Name and Address of Reporting Person* Eastern Capital LTD				2. Date of Event Requiring Statement (Month/Day/Year) 03/09/2015		3. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]						
(Last) (First) (Middle) 10 MARKET STREET, #773 CAMANA BAY						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) GRAND CAYMAN	E9	KY1-9006	_			Officer (give title below)	Other (spe below)	ecify		cable Line) Form filed b	t/Group Filing (C by One Reporting by More than One Person) Person
(City)	(State)	(Zip)										
			Ta	able I - Non	-Derivati	ive Securities Beneficial	ly Owned					
1. Title of Security (Instr. 4)					. Amount of Securities eneficially Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					5,607,143	D	,					
			(e.g			e Securities Beneficially nts, options, convertible		s)				
1. Title of Derivative Security (Instr. 4) 2. Date Exer Expiration D (Month/Day/			ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conve	rsion rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
				Date Exercisable	Expiratior Date	n Title	Amount or Number of Shares	Deriva Secur	ative	or Indirect (I) (Instr. 5)		
1. Name and Ad Eastern Ca	ddress of Report	ting Person [*]		,			•		,		,	
(Last) 10 MARKET CAMANA E	(First) Γ STREET, #7 BAY	-	(liddle)									
(Street) GRAND CAYMAN	E9	K	Y1-90	006								
(City)	(State)) (Z	ip)									
	ddress of Report Services Lto	-										
(Last) (First) (Middle) 10 MARKET STREET, # 773 CAMANA BAY												
(Street) GRAND CAYMAN E9 KY1-9		Y1-90	006									
(City)	(State)) (Z	ip)									
1. Name and Ad	ddress of Report	ting Person [*]			7							

(Street) GRAND CAYMAN	E 9	KY1-1206
(City)	(State)	(Zip)

Explanation of Responses:

Remarks:

Eastern Capital Limited is an investment entity that owns the securities reported on this Form 3. Portfolio Services Ltd. is a holding company which owns all of the outstanding stock of Eastern Capital Limited. Kenneth B. Dart is the beneficial owner of all of the outstanding stock of Portfolio Services Ltd.

 /s/ Eastern Capital Limited
 03/17/2015

 /s/ Portfolio Services Ltd.
 03/17/2015

 /s/ Kenneth B. Dart
 03/17/2015

 ** Signature of Reporting Person
 Date

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

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.

 $^{^{\}star}$ 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).