FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

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1. Name and Address of Reporting Person* McBarron Paul 2. Date of Event Requiring Statement (Month/Day/Year) 03/27/2006				nent	3. Issuer Name and Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc.</u> [CYCC]							
(Last) 150 JOHN F. SUITE 100	(First) KENNEDY PA	(Middle) ARKWAY,				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner V Officer (give title Other (specify)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SHORT HILLS	NJ	07078			X	Officer (give title below) E.V.P., Finance & (below)	еспу		cable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4) 3. Owner Form: Dir or Indirec (Instr. 5)		ect (D)	ct (D) (Instr. 5)					
Common Stock, par value \$0.001 per share					0 D							
6% Convertible Exchangeable Pref Stock par \$0.001 per share					0		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Exp		Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		ty (Instr. 4) Conve		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	9	Amount or Number of Shares	Secur	ative	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Paul McBarron

03/27/2006

** 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 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).

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.