FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 10. Form 4 or Form 5	

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* Sems Lloyd					2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
										_	_		X	Directo	or		10% Ow		
(Last) (First) (Middle) C/O CYCLACEL PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2015									Officer (give title Other (specify below) below)					
200 CONNELL DRIVE, SUITE 1500				-										C. Individual or Taint/Crown Filing (Check Asserts					
(Street) BERKELEY HEIGHTS NJ 07922			07922	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)	_															
		Tab	le I - Non-De	rivativ	e Se	curities	s Ac	quired, [Disp	osed o	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ear) i	2A. Deeme Execution if any (Month/Da	Date,	Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4				es F ally (I Following (I	Form (D) o	orm: Direct)) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) o (D)	r Pric	ce	Reported Transact (Instr. 3 a	saction(s) 3 and 4)		(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	Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun 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)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er						
Option	\$0.8	05/22/2015		A		15,000		05/22/2016	0!	5/22/2025	Common	15,0	00	\$0 ⁽¹⁾	15,000	0	D		

Explanation of Responses:

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

/s/ Lloyd Sems

05/26/2015

** 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.