Instruction 1(b).

FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT O	F CHANGES IN	BENEFICIAL	OWNERSHIP

**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

1. Name and Address of Reporting Person*  McBarron Paul				2. Issuer Name and Ticker or Trading Symbol  Cyclacel Pharmaceuticals, Inc. [ CYCC ]							(Che	elationship of the control of the co	cable) or		erson(s) to Issuer 10% Owner			
(Last) (First) (Middle) 200 CONNELL DRIVE, SUITE 1500				3. Date of Earliest Transaction (Month/Day/Year) 12/10/2010								X Officer (give title below) Other (special below)  EVP, Finance, CFO, COO				pecify		
(Street) BERKEI HEIGHT (City)	rs <sup>IN</sup>		07922 (Zip)	4.	If Ame	endment, I	Date (	of Original	Filed	(Month/Da	ay/Year)		Line	) <mark>X</mark> Form f	iled by One	e Repo	(Check Ap orting Perso on One Repo	n
		Tab	ole I - Non-D	Derivativ	/e Se	curities	s Ac	quired,	Dis	posed o	of, or E	Bene	eficiall	y Owned				
Date			Transactio ate Month/Day/\	Execution Date		Date,	Code (Instr.   5)				5. Amou Securitie Beneficia Owned F Reported	es For ially (D) Following (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3	ion(s)			,,
		-	Table II - De (e.	erivative .g., puts										Owned				
Derivative Conversion Date Execution Decurity or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	0 N	Amount or Number of Shares					
Option	\$1.59	12/10/2010		A		75,000		(1)	1	2/10/2020	Commo		75,000	(2)	75,000	0	D	

## **Explanation of Responses:**

- 1. These options are exercisable over a four-year period, with 1/48 of the options granted vesting on a monthly basis.
- 2. These securities were issued as part of the Issuer's annual equity compensation to executive officers.

/s/ Paul McBarron

12/14/2010

\*\* 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.