FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pur

OF 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

Name and Address of Reporting Person* Hradsky Gregory T.				2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
indusky Gregory 1.													X	Directo	r		10% Ow	
(Last) (First) (Middle) C/O CYCLACEL PHARMACEUTICALS, INC.,				3. Date of Earliest Transaction (Month/Day/Year) 05/26/2016								Officer (give title Other (specify below) below)					pecify	
200 CONNELL DRIVE, SUITE 1500			-	A 16 Amendment Date of Original Filed (Manth/D. 200)								C. Individual on Taint/One on Eiline (Obsert A						
(Street) BERKELEY HEIGHTS, NJ 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, I	Disp	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Da			Code (Ir	Transaction Disposed Of (D) (Instr. 3)				4 and Securitie Benefici Owned F		es Fe ally (D Following (I)	Form (D) or	orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership
				Code V Amoun				Amount	(A) o (D)	r Pri	се	Reported Transact (Instr. 3 a	tion(s)		((Instr. 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 Amour 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 vate	Title	Amor or Numl of Share	oer					
Option	\$0.429	05/26/2016		A		15,000		05/26/2017	, 0	5/26/2026	Common	15,0	00	\$0 ⁽¹⁾	15,000)	D	

Explanation of Responses:

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

/s/ Gregory T. Hradsky

05/31/2016

** 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.