SEC Form 4														
FORM 4 UN	IITED	STAT	ES S	SECURITIES Washing				SE CO	OMMIS	SION	OMB APPR	OVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STAT		pursuar	E CHANGES nt to Section 16(a) ction 30(h) of the In	of the Se	curitie	es Exchange A	Act of 193			MB Number: stimated average bur ours per response:	3235-0287 rden 0.5		
1. Name and Address of Reporting Person <sup>*</sup> <u>Kirschbaum Mark</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc.</u> [ CYCC ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Mid C/O CYCLACEL PHARMACEUTICA	idle) ALS, IN								Officer (give ti below) Chief N	(give title Other (specify below) hief Medical Officer				
200 CONNELL DRIVE, SUITE 1500				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
HEIGHTS NJ 075	07922		_ Rule 10b5-1(c) Transaction Indication											
(City) (State) (Zip	)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or writ satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						ritten plan that is inter	nded to				
Table I	- Non-	Derivat	tive S	ecurities Acq	uired, I	Disp	osed of, o	r Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E			Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)			5. Amount of Securities Beneficially Owned Followir Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Tab	le II - D	erivativ	/e Se	curities Acqui	red, D	ispo	sed of, or	Benef	icially C	Dwned				

			(e.g.,	puts, c	alls	, warr	ants	s, options,	converti	ble secu	urities)				
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 (li	insaction of		6. Date Exerc Expiration D (Month/Day/	ate	7. Title and Amount 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	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$0.5891	06/30/2023		A		70,200		06/30/2026	06/30/2033	Common Stock	70,200	\$0 <sup>(1)</sup>	70,200	D	

Explanation of Responses:

1. The reporting person received an award of 70,200 options on June 30, 2023, which shall vest in full on June 30, 2026, provided, however, that if certain clinical milestones are achieved then such options shall vest in full earlier in connection with such achievement.

/s/ N	/Jark Ki	rschb	<u>aum</u>	
** Si	gnature c	f Repo	orting Perso	on

07/03/2023 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.