FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number: 3235-0287 Estimated average burden hours per response:

0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* MARXE AUSTIN W & GREENHOUSE						2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DAVID M													Direc		X	10% O	·		
					3. Date of Earliest Transaction (Month/Day/Year)								Officer (give title Other (specify below) below)						
(Last) (First) (Middle) C/O SPECIAL SITUATIONS FUNDS						07/07/2011													
527 MADISON AVENUE, SUITE 2600					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10022												Lin	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Per						
(City)	(5	State)	(Zip)																
		Т	able I - Non-	Derivat	tive S	ecu	rities Acq	uired,	Dis	posed of, c	r Ber	neficiall	y Owned						
Date				Date	e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				Acquired (A) or (D) (Instr. 3, 4 ar		Benefic Owned	ies ially Following	6. Owne Form: D (D) or In (I) (Instr.	irect direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) 01 (D)	Price	Transa	eported ansaction(s) 1str. 3 and 4)			(Instr. 4)		
			Table II - D					,		osed of, or onvertible		•	Owned						
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/Yea	Code (Deriv Secu Acqu Disp	mber of rative rities iired (A) or osed of (D) r. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			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	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
Options	\$1.67	07/07/2011		J			2,053,450 ⁽²⁾	10/07/2	010	07/07/2011 ⁽¹⁾	Units	0(2)	\$0	0(2)		I ⁽²⁾	By Limited		

Explanation of Responses:

- 1. Options expired.
- 2. This is a joint filing by Austin W. Marxe (Marxe) and David M. Greenhouse (Greenhouse). They share voting and investment control over all securities owned by Special Situations Fund III QP, L.P. (QP), Special Situations Cayman Fund, L.P. (Cay), Special Situations Private Equity Fund, L.P. (Pe) and Special Situations Life Sciences Fund, L.P. (LS), respectively, QP owns an Option to acquire 0 Units, Cayman owns an Option to acquire 0 Units, PE owns an option to acquire 0 Units and LS owns an Option to acquire 0 Units. The interest of Marxe and Greenhouse in the shares of Common Stock owned by QP, CAY, PE and LS is limited to the extent of his pecuniary interest.

Austin W. Marxe 08/03/2011 08/03/2011 David M. Greenhouse ** 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.