FORM 4

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
obligations may continue. See	
I = = 4 = 4 /I= \	Filed 4- Co-ties 4C(-) -f the Coities Frederice A-t -f 4004

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

instruction 1(b).	or Section 30(h) of the Investment Company Act of 1940						
lame and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol						
aconoulos Nicholas G	Cyclacel Pharmaceuticals, Inc. [CYCC]						

1					_	1011 30(11) 01 111e							_					
Name and Address of Reporting Person* Bacopoulos Nicholas G				2. Issuer Name and Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc.</u> [CYCC]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Dacopoulos Iviciiolas O											X Directo	or		10% Ow	/ner			
(Last)	(F	irst)	(Middle)		Date of Earliest Transaction (Month/Day/Year)							\dashv	Officer below)	(give title		Other (s below)	pecify	
C/O CYCLACEL PHARMACEUTICALS, INC.			05/26/2016															
200 CONNELLL DRIVE, SUITE 1500																		
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
BERKE! HEIGHT	N	J	07922									X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	state)	(Zip)	,														
		Tab	le I - Non	-Deriva	ative Se	ecurities Ac	quire	ed, I	Disp	osed o	f, o	r Bene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ties Acquired (A) d Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	es Formally (D) (Following (I) (I		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							ode	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(111301.4)	
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 D if any (Month/Day)	Date, Tr	ransaction ode (Instr.		Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Option \$0.429 05/26/2016 **Explanation of Responses:**

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

/s/ Nicholas G. Bacopoulos

Expiration Date

05/26/2026

Title

Commor Stock

05/31/2016

15,000

D

** Signature of Reporting Person

Amount Number

of Shares

15,000

Date

\$0⁽¹⁾

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).

Code

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.

(A)

15,000

Date

(D)

Exercisable

05/26/2017