## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHA	NGES IN	BENEFI	CIAL

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*  MORGAN STANLEY						2. Issuer Name <b>and</b> Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [ CYCC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner				
(Last) 1585 BR	(Fii	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/01/2009								Officer (give title Other (specify below) below)				
(Street)  NEW YO  (City)			10036 Zip)		4. If	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				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Da			2. Transaction Date (Month/Day/Year)		Execution Date,				s Acquired (A) or f (D) (Instr. 3, 4 ar		5. Amount of Securities Beneficially Owned Following 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	Transacti (Instr. 3 a	on(s)			(111501.4)	
Common Stock 05/01/2			2009	09		P		3,200	A	\$0.61	2,783	2,783,224		I	By Subsidiary <sup>(1)</sup>			
Common Stock 05/01/20			2009	009		S		3,200	D	\$0.61	2,780	,024 I		By Subsidiary <sup>(1)</sup>				
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	Date Ex (Month/Day/Year) if a	if any	emed ion Date, I/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/		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. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

1. The reported securities are held directly by certain funds (each, a "Fund" and collectively, the "Funds") managed by indirect subsidiary entities of the reporting person. FrontPoint Partners LLC ("FPP"), an indirect wholly owned subsidiary of the reporting person is the parent company of each entity that is the investment manager of one or more of the Funds. This form is filed without prejudice to the reporting person's position that none of the Funds nor FPP or any of its subsidiaries, nor the reporting person, individually or in aggregate, are required to file beneficial ownership reports under Section 16(a) of the a Securities Exchange Act of 1934, and should not be construed or interpreted as a concession or admission that such reports are required.

/s/ Dennine Bullard, By:

05/05/2009 Morgan Stanley, By: Dennine

Bullard, Authorized Signatory

**OWNERSHIP** 

\*\* 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.