FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner resnonse	. 0.5							

	tion 1(b).	liue. See		Filed	pursuar or Sec	nt to Section 3	ection 16(a 0(h) of the	a) of the Investn	Securi nent Co	itie om	es Exchange pany Act of	e Act of 1940	f 1934			hours	per re	esponse:	0.5
1. Name and Address of Reporting Person* BARKER SAM L				2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]								k all app Direc	nship of Reportir applicable) Director		10% Ov				
(Last) (First) (Middle) C/O CYCLACEL PHARMACEUTICALS, INC., 200 CONNELL DRIVE, SUITE 1500					3. Date of Earliest Transaction (Month/Day/Year) 08/24/2021									Officer (give title below)		e Other (below)			
(Street) BERKEI HEIGHT (City)	N1 07922 I								Line)	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person									
		Table	I - Nor	n-Deriva	tive S	ecur	ities Ac	quire	d, Dis	sp	osed of,	or B	enef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		3. 4. Securities Acqui Transaction Disposed Of (D) (In Code (Instr. 5)					and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								e V		Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	on Stock		08/24/2	24/2021			P		1,000(1)		A		\$5	3,386			D		
		Tal									sed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expir (Mon	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		unt		9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Date Exercisable

Expiration Date

Explanation of Responses:

1. The reporting person purchased 1,000 shares of common stock on August 24, 2021.

/s/ Sam L. Barker

of Shares

08/25/2021

** 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.