

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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* <u>Eastern Capital LTD</u> <hr/> (Last) (First) (Middle) <u>10 MARKET STREET, #773</u> <u>CAMANA BAY</u> <hr/> (Street) <u>GRAND CAYMAN</u> E9 KY1-9006 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/09/2015	3. Issuer Name and Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc. [ CYCC ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	5,607,143	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>Eastern Capital LTD</u> <hr/> (Last) (First) (Middle) <u>10 MARKET STREET, #773</u> <u>CAMANA BAY</u> <hr/> (Street) <u>GRAND CAYMAN</u> E9 KY1-9006 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person *		
<u>Portfolio Services Ltd.</u>		
(Last)	(First)	(Middle)
10 MARKET STREET, # 773 CAMANA BAY		
(Street)		
GRAND CAYMAN	E9	KY1-9006
(City) (State) (Zip)		

1. Name and Address of Reporting Person *		
<u>DART KENNETH BRYAN</u>		
(Last)	(First)	(Middle)
P.O. BOX 31300		
(Street)		
GRAND CAYMAN	E9	KY1-1206
(City) (State) (Zip)		

**Explanation of Responses:**

**Remarks:**

Eastern Capital Limited is an investment entity that owns the securities reported on this Form 3. Portfolio Services Ltd. is a holding company which owns all of the outstanding stock of Eastern Capital Limited. Kenneth B. Dart is the beneficial owner of all of the outstanding stock of Portfolio Services Ltd.

<u>/s/ Eastern Capital Limited</u>	<u>03/17/2015</u>
<u>/s/ Portfolio Services Ltd.</u>	<u>03/17/2015</u>
<u>/s/ Kenneth B. Dart</u>	<u>03/17/2015</u>

\*\* 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 5 (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.**