FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	ONID APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	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).

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* Rombotis Spiro George (Last) (First) (Middle) 200 CONNELL DRIVE, SUITE 1500						Susuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC] Date of Earliest Transaction (Month/Day/Year) 01/03/2019							eck all applic X Directo Y Officer	Officer (aire title		10% Owner Other (specify below)	
(Street) BERKEI HEIGHT (City)	S N	J tate)	07922 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Ta	ble I - Non-D	erivati	ve Se	ecurities	s Ac	quired, D	oisp	osed o	of, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Trans Date							3. 4. Securities Ac Transaction Code (Instr.		ties Acquire	ed (A) or	5. Amou Securitie Beneficia	s ally following	Form	: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	,	Amount	(A) oi (D)	Price	Transact (Instr. 3	ion(s)			mod. 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/Yea		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exercisab Expiration Date (Month/Day/Year)		of Securities		es g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	ve es ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)		
Option	\$0.71	01/04/2019		А		508,198		(1)	01	1/04/2029	Common Stock	508,198	\$0 ⁽²⁾	508,1	98	D	
Option	\$1.74	01/03/2019		A		15,625		(3)	12	2/29/2027	Common Stock	15,625	\$0 ⁽³⁾	15,62	25	D	
Option	\$1.56	01/03/2019		A		14,375		(4)	02	2/22/2028	Common Stock	14,375	\$0 ⁽⁴⁾	14,37	75	D	

Explanation of Responses:

- 1. These securities are exercisable over a three-year period, with 1/36 of the options granted vesting on a monthly basis.
- 2. These securities were granted as part of the Issuer's annual compensation review to executive officers.
- 3. On December 29, 2017, Spiro Rombotis was granted an option to purchase certain shares of common stock, which option shall vest according to the satisfaction of performance criteria. Certain performance criteria were confirmed to have been met on January 3, 2019, resulting in the vesting of the option as to 15,625 shares.
- 4. On February 22, 2018, Spiro Rombotis was granted an option to purchase certain shares of common stock, which option shall vest according to the satisfaction of performance criteria. Certain performance criteria were confirmed to have been met on January 3, 2019, resulting in the vesting of the option as to 14,375 shares.

/s/ Spiro Rombotis 01/07/2019

** 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.