FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average	hurdon								

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

37 hours per response: 0.5

					or	Sectio	n 30(h)	of the Í	nvestmen	t Cor	npany Act	of 194	40							
1. Name and Address of Reporting Person* <u>UPRICHARD DAVID C</u>					2. Issuer Name and Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc.</u> [CYCC]									(Ch	eck all appli	ationship of Reporting Per all applicable) Director		son(s) to Iss		
(Last) (First) (Middle) C/O CYCLACEL PHARMACEUTICALS, INC. 200 CONNELL DRIVE, SUITE 1500 (Street) BERKELEY HEIGHTS NJ 07922					Date of Earliest Transaction (Month/Day/Year) 05/22/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)										below)	Officer (give title below)		Other (: below)		
														Lin	E) X Form: Form:	ividual or Joint/Group Filin Form filed by One Rep Form filed by More tha Person			n	
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	-Deriva	tive	Sec	curitie	s Acc	quired,	Dis	posed o	of, oı	r Ben	eficial	ly Owned	ł				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					ar) E	2A. Deemed Execution Date if any (Month/Day/Yea		3. Transa Code (Benefici Owned I	es ally Following	Form (D) o	: Direct r Indirect str. 4)	Ownership			
								Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	action(s)			(Instr. 4)		
		Т	able II - I								osed of onverti				Owned				•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date, Ti	Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	ode	v	(A)		Date Exercisab		expiration late	Title		Amount or Number of Shares						
Option	\$3.09	05/22/2014			A		9,000		05/22/201	5 0	5/22/2024	Com	mon	9,000	\$0 ⁽¹⁾	9,000		D		

Explanation of Responses:

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

/s/ David C. U'Prichard 05/23/2014

** 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.