FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

mington, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burd	len					
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

					_						inpurity Act			_						
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Chiao Judy</u>						<u>Cyclacel Pharmaceuticals, Inc.</u> [CYCC]									Silcon	Direc	,	10%	Owner	
															X		er (give title		(specify	
(Last)	(Fi	rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)											belov	,	belov	,	
200 CONNELL DRIVE, SUITE 1500					12/	12/06/2011									V.P., Clin. Dev. & reg. Aff.					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
BERKEL	EΥ													Li	Line)					
HEIGHT	N	J ()7922												X		,	ne Reporting Person		
					.											Form filed by More than One Reporting Person				
(City)	(S	tate) (Zip)			reisuit														
(- 5)	(-																			
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	of, or	Bene	eficia	ally	Owne	ed			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action				3.								ount of	6. Ownership	7. Nature	
Date (Month/Da					Day/Yea	ay/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 5)			ם) זט ו	Of (D) (Instr. 3, 4			Securi Benef	icially (D	Form: Direct (D) or Indirect	of Indirect Beneficial	
													Repor			(I) (Instr. 4)	Ownership (Instr. 4)			
										v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				
C						/2011		Α		60,000) ⁽¹⁾ A		Φſ	50 ⁽²⁾ 13		2 160(3)	D			
Common Stock, \$0.001 par value per share 12/06/					0/2011	/2011			A		00,000° A		Φ(0(2) 133,168(3)		ח				
		Та									sed of,				y Ov	vned				
			(e.g., pı	uts, c	alls	, warr	ants,	option	s, c	onvertib	ole s	ecurit	ies)						
1. Title of	2.	3. Transaction	3A. Deem		4.					6. Date Exercisa		7. Title and			8. Pric		9. Number o		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		Transacti Code (Ins				Expiration Date Amoun (Month/Day/Year) Securit							ivative derivative urity Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Year)		8) `		Securities Acquired				Underlying Derivative			r. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)			
Security							(A) or		Secur			Security (Instr. 3				Following Reported	(I) (Instr. 4)	(
					of (I		Disposed of (D) (Instr. 3, 4 and 5)					and 4)				Transaction	(s)			
																(Instr. 4)				
										Т			Amo	ount						
								or Number												
				ļ.,	₁₀₀		Date		Expiration		of									
				Code	V	(A)	(D)	Exercisa	DIE	Date	Title	Sha	res				- 1	1		

Explanation of Responses:

- 1. These shares of common stock are represented by restricted stock units, which will vest on the third anniversary of the grant date.
- 2. These securities were issued as part of the Issuer's annual equity compensation to executive officers under the Issuer's Amended and Restated 2006 Equity Incentive Plan.
- 3. Of the shares of common stock reported, 66,246 shares are represented by unvested restricted stock units.

/s/ Dr. Judy H. Chiao 12/08/2011

** 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.