Cyclacel Pharmaceuticals, Inc. Form 3 March 29, 2006 FORM 3 ^{UNITED S}

3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Ad Person <u>*</u> McVie Jo | - | | 2. Date of Event Requiring Statement (Month/Day/Year) | | ³ 3. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC] | | | | | |
|---|---------|----------|---|--|--|-------------------------|-------|--|--|--|
| (Last) | (First) | (Middle) | 03/27/2006 | 5 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 150 JOHN F PARKWAY | | | | | (Check all applicable) | | | | | |
| (Street) SHORT HILLS, NJ 07078 | | | | XDirector10% Own OfficerOther (give title below) (specify below) | | | • | f. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | | Table I - N | Non-Deriva | tive Securiti | es Be | neficially Owned | | |
| 1.Title of Security (Instr. 4) | | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Na Owne (Instr | • | | | |
| Common Stock, par value \$0.001 per share | | | | 0 | | D | Â | | | |
| 6% Convertible Exchangeable Pref Stock par \$0.001 per share | | | | 0 | | D Â | | | | |
| Reminder: Repo owned directly o | - | | ach class of sec | urities benefic | ially S | SEC 1473 (7-02 | .) | | | |
| | | | pond to the c ained in this | | | | | | | |

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

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currently valid OMB control number.

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

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| | | (Instr. 4) | | Price of | Derivative |
|---------------------|--------------------|------------|----------------------------------|------------------------|---|
| Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|--|----|---------------|-----------|---------|-------|--|
| | | Director | 10% Owner | Officer | Other | |
| McVie John Gordon 150 JOHN F. KENNEDY PARKWAY, SUITE 1 SHORT HILLS, NJ 07078 | 00 | X | Â | Â | Â | |
| Signatures | | | | | | |
| /s/ Paul McBarron, 03/27/2000 attorney-in-fact | 6 | | | | | |

Date

**Signature of Reporting Person

Explanation of Responses:

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.