## Edgar Filing: Chiao Judy - Form 4

Form 4	c 200c										
December 20								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN 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								Estimated burden hoi response	Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Chiao Judy			2. Issuer Name <b>and</b> Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc.			5. Relationship of Reporting Person(s) to Issuer					
		[CYCC]				(Check all applicable)					
(Last) 200 CORNI 1500	Middle) JITE	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>12/21/2006</li></ul>			Director 10% Owner X_ Officer (give title Other (specify below) below) V.P., Clin. Dev. & Reg. Aff.						
	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>							
	Y HEIGHTS, NJ						Person				
(City)	(State)	(Zip)		ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Rep	oort on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	• Beneficially Owner securities)	đ			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/	Year)	(Instr. 3 and	4) (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option	\$ 6.95	12/21/2006		А	80,000	<u>(1)</u>	12/20/2016	Common Stock	80,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Chiao Judy 200 CORNELL DRIVE, SUITE 1500 BERKELEY HEIGHTS, NJ 07922			V.P., Clin. Dev. & Reg. Aff.				
Signatures							

/s/ Dr. Judy H. 12/26/2006 Chiao

**<u>\*\*</u>**Signature of

Date

Reporting Person

# **Explanation of Responses:**

- \* 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).
- These options are exercisable over a four-year period with one-quarter (1/4) of the options granted vesting on December 12, 2007, the (1) first anniversary of the grant date, and 1/48 of the balance of the options granted vesting monthly thereafter.

### **Remarks:**

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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