#### Edgar Filing: Cyclacel Pharmaceuticals, Inc. - Form 4

Cyclacel Pharmaceuticals, Inc. Form 4 February 21, 2008

FORM 4 UNITED ST			OMB A	PPROVAL		
UNITED ST	ATES SECURITIES AND EXCHANGE Washington, D.C. 20549	E COMMISSION	OMB Number:	3235-0287		
Check this box if no longer	NT OF CHANGES IN BENEFICIAL O		Expires:	January 31, 2005		
subject to STATEMEN Section 16. Form 4 or	Estimated average burden hours per response					
Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).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 19400.5						
1. Name and Address of Reporting Perso Legault Pierre	Symbol Cyclacel Pharmaceuticals, Inc.	5. Relationship of I Issuer (Check	Reporting Per			
(Last) (First) (Middl	(Month/Day/Year)	_X_ Director Officer (give the below)		% Owner her (specify		
200 CONNELL DRIVE, SUITE 1500	02/19/2008					
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi Applicable Line) _X_ Form filed by O				
BERKELEY HEIGHTS, NJ 07922 Form filed by More than One Reporting Person						

(City)	(State)	(Zip) Tab	ole I - Non-J	Derivative Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securities mAcquired (A) or Disposed of (D (Instr. 3, 4 and (A) or Amount (D)	)	5. Amount of 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: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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

#### Edgar Filing: Cyclacel Pharmaceuticals, Inc. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	Securities Acquired (A) or Disposed (D) (Instr. 3, 4, and 5)		r)	(Instr. 3 and 4	4)
				Code	/ (A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option	\$ 4.31	02/19/2008		А	35,000	02/19/2008(1)	02/19/2018	Common Stock	35,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Legault Pierre 200 CONNELL DRIVE, SUITE 1500 BERKELEY HEIGHTS, NJ 07922	Х					
Signatures						

### **y**

/s/ Pierre Legault	02/20/2008
<u>**</u> Signature of Reporting Person	Date

# **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).
- The options will vest ratably over a 48-month period. (1)
- The options were granted to Mr. Legault for his services as a member of the board of directors and the chairman of the audit committee of (2)Cyclacel Pharmaceuticals, Inc.

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.