Womelsdorf Dr John Francis Form 4

March 19, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

subject to Section 16. Form 4 or Form 5

obligations may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Womelsdorf Dr John Francis

(Last) (First)

(Middle)

2. Transaction Date 2A. Deemed

200 CONNELL DRIVE, SUITE 1500

(Street)

BERKELEY HEIGHTS, NJ 07922

03/18/2008

2. Issuer Name and Ticker or Trading

Symbol

[CYCC]

Cyclacel Pharmaceuticals, Inc.

3. Date of Earliest Transaction

(Month/Day/Year) 03/18/2008

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

7. Nature of Indirect Beneficial Ownership (Instr. 4)

2005

0.5

OMB

Number:

Expires:

response...

Director 10% Owner X_ Officer (give title Other (specify

VP, Business Development

6. Individual or Joint/Group Filing(Check

Applicable Line)

5. Amount of

2,100

X Form filed by One Reporting Person Form filed by More than One Reporting

6.

D

Person

(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned
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4. Securities Acquired

2,100 A

Security	(Month/Day/Year)	Execution Date, if any	Transaction(A) or Disposed of (D)				Securities	Ownership		
(Instr. 3)			Code	(Instr. 3,	4 and	5)	Beneficially	Form: Direct		
		(Month/Day/Year) (Instr. 8)					Owned	(D) or		
							Following	Indirect (I)		
					(A)		Reported	(Instr. 4)		
					or		Transaction(s)			
			Code V	Amount		Price	(Instr. 3 and 4)			
Common				1 11110 4111	(2)	11100				
Stock, par	00404000		_	• 000			~ 000	_		
value	03/18/2008		P	2,900	A	\$ 2.93	5,000	D		
\$0.001 per										
share										
Common										
Stock, par						¢				

P

\$0.001 per

1.Title of

share

value

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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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or]
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
					Date	Expiration	or Title Number of				
						Exercisable Date					
				Code V	(A) (D)						
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Womelsdorf Dr John Francis 200 CONNELL DRIVE SUITE 1500 BERKELEY HEIGHTS, NJ 07922

VP, Business Development

Signatures

/s/ Dr. John Francis
Womelsdorf
03/19/2008

**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).

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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