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

Cyclacel Pha Form 4 May 23, 200	rmaceuticals, Inc									
FORM	5 SECURITIES AND EXCHANGE COMM Washington, D.C. 20549					COMMISSION		PPROVAL 3235-0287		
						irs per				
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> McBarron Paul			2. Issuer Name <b>and</b> Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle) 200 CONNELL DRIVE, SUITE 1500			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2008					X Director 10% Owner X Officer (give title Other (specify below) below) E.V.P., Finance & C.O.O.		
				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>		
(City)		(Zip)	Tabl	a I Non D	orivotivo	Soone	itios A a	Person	f or Ponoficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Dee Executio any	med	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (D)	ties A ispose 4 and (A) or	cquired d of	Juired, Disposed of 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
Common Stock, par value \$0.001 per share	05/22/2008			Р	1,950	A	\$ 2.25	76,054	D	

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.

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McBarron Paul 200 CONNELL DRIVE, SUITE 1500 BERKELEY HEIGHTS, NJ 07922	Х		E.V.P., Finance & C.O.O.				
Cianaturaa							

# Signatures

/s/ Paul McBarron	05/23/2008			
<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).

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.