Edgar Filing: Chiao Judy - Form 4

Chiao Judy Form 4												
January 29, 2 FORN		STATES	S SECUR	ITIES	AI	ND EXC	HAN	IGE (COMMISSION		PPROVAL	
						D.C. 205				Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5	F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange							Expires:January 3 200Estimated averageburden hours per response0				
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the		ility Ho	old	ing Com	pany	Act of	f 1935 or Section	n		
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Chiao Judy			2. Issuer Name and 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) 01/25/2013					Director 10% Owner Officer (give title Other (specify below) V.P., Clin. Dev. & Reg. Aff.				
(Street) 4. If A				f Amendment, Date Original d(Month/Day/Year)					 6. 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	e I - Non	n-De	erivative S	ecurit	ies Aco		or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	ate 2A. Deemed 3. 4. Securities Acquired 5. Amount of r) Execution Date, if Transaction(A) or Disposed of Securities any Code (D) Beneficially (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following (A) Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of							
Common Stock, \$0.001 par value per share	01/25/2013			Code A	v	Amount 5,668	or (D) A	Price \$ 0 (1)	(Instr. 3 and 4) 61,120 (2) (3)	D		
Common Stock, \$0.001 par value per share	01/25/2013			A		20,000 (3)	A	\$ 0 (1)	55,452 <u>(2)</u> <u>(3)</u>	D		

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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.

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	isable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						ì
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Chiao Judy 200 CONNELL DRIVE SUITE 1500 BERKELEY HEIGHTS, NJ 07922	2		V.P., Clin. Dev. & Reg. Aff.						
Signatures									
	10010								

/s/ Judy Chiao 01/29/2013

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).
- (1) These securities were issued as part of the Issuer's annual equity compensation to executive officers under the Issuer's Amended and Restated 2006 Equity Incentive Plan.
- (2) Of the shares of common stock reported, 28,571 shares are represented by unvested restricted stock units.
- (3) Of the shares of common stock reported, 20,000 are represented by restricted stock units which will vest upon the fulfillment of certain clinical and financial conditions and terminate if they have not vested by December 31, 2014.

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.

**Signature of

Reporting Person