Sosnowski Robert Edward Form 4 May 06, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

SECURITIES Form 5

obligations may continue. See Instruction

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 *

Sosnowski Robert Edward

2. Issuer Name and Ticker or Trading

Symbol

Cyclacel Pharmaceuticals, Inc.

[CYCC]

(Middle)

(Last) (First) 3. Date of Earliest Transaction

(Month/Day/Year) 05/04/2010

200 CONNELL DRIVE, SUITE

1500

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

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

below)

VP, Sales & Marketing

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

BERKELEY HEIGHTS, NJ 07922

(Street)

2. Transaction Date (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Instr. 3) Code (Month/Day/Year) Code (Month/Day/Year) Code Common Stock, \$0.001 par value per share Common Stock,							Person		
(City)	(State)	(Zip) Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)		Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (I any Code (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, \$0.001 par value per share	05/04/2010			Amount 10,000	(D)	Price \$ 0.44	(Instr. 3 and 4) 10,000	D	
Common Stock, \$0.001 par value per share	05/04/2010		S <u>(1)</u>	10,000	D	\$ 2.5	0	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.

SEC 1474 (9-02)

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)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option	\$ 0.44	05/04/2010	M	10,000	11/18/2009(1)	11/18/2018	Common Stock	10,000

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Sosnowski Robert Edward 200 CONNELL DRIVE, SUITE 1500 BERKELEY HEIGHTS, NJ 07922

VP. Sales & Marketing

Signatures

/s/ Robert E. 05/05/2010 Sosnowski

**Signature of Reporting Date

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).
- (1) The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 plan adopted by Mr. Sosnowski.
- (2) These securities were issued as part of the Issuer's annual equity compensation to executive officers on November 18, 2008.
- 23,333 of these options vested on November 18, 2009, the first anniversary of the grant date, and the balance of the options vest ratably on a monthly basis over the following 24 months.

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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