Edgar Filing: Cyclacel Pharmaceuticals, Inc. - Form 4

Cyclacel Ph Form 4 May 23, 20	armaceuticals, Ind	2.								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE							COMMISSION	-	PPROVAL 3235-0287	
Check ti if no lor subject Section Form 4 Form 5 obligation may con <i>See</i> Inst 1(b).	nger to 16. or Filed pur ons stinue.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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								
(Print or Type	Responses)									
			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) C/O CYCLACEL PHARMACEUTICALS, INC., 200 CONNELL DRIVE, SUITE 1500			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2014				X_ Director10% Owner Officer (give titleOther (specify below) below)			
Filed(M				endment, Da onth/Day/Yea	-	1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State)	(Zip)			~ • •	a	Person			
1.Title of Security (Instr. 3)	2. Transaction Date	2A. Deemed		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			5. Amount of Securities Beneficially Owned		7. Nature of Indirect	
Reminder: Re	port on a separate line	e for each clas	s of sec	urities benet	ficially ow	ned directly o	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 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. Transactio Code (Instr. 8)	5. Number poor Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Dat (Month/Day/Y	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 3.09	05/22/2014		А	9,000	05/22/2015	05/22/2024	Common Stock	9,000	

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Reporting Owners

Reporting Owner Name / AddressRelationsityDirector10% OwnerOfficerOtherUPRICHARD DAVID C
C/O CYCLACEL PHARMACEUTICALS, INC.
200 CONNELL DRIVE, SUITE 1500
BERKELEY HEIGHTS, NJ 07922XXXXSignatures
U'Prichard05/23/2014XXXXX

Reporting 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) These options were granted to Dr. U'Prichard for his services as a member of the board of directors of 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.