FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Womelsdorf Dr John Francis | | | | | | 2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC] | | | | | | | | (Che | elationship eck all appli Directo | cable) | g Pers | son(s) to Iss 10% Ov Other (s | wner |
|--|--|--|--|----------------|--|--|--------------|-----|--|----|---------------------------------------|---|-------------------------------|---|--|--|--------|--|---|
| (Last) (First) (Middle) 150 JFK PARKWAY, SUITE 100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2006 | | | | | | | | | below) | | Dev | below) elopment | |
| (Street) SHORT HILLS NJ 07078 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | action Day/Yea | Execution Date, | | | 3. Transac Code (I 8) Code | v | 4. Securi Disposed 5) Amount | ties Acquired Of (D) (In | red (A) | or 4 and rice | 5. Amou Securitie Benefici Owned F Reporter Transact (Instr. 3 a | Amount of ecurities eneficially (I) eported ransaction(s) nstr. 3 and 4) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | d 4 Date, 1 | I. Fransaction Code (Instr. 3) | | 5. Number of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | ble and | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amo or Num of Sha | ber | | | | | |
| Option | \$4.65 | 09/01/2006 | | | A | | 8,334 | | (1) | 0: | 9/01/2016 | Common Stock | 8,3 | 34 | \$0 | 8,334 | | D | |

Explanation of Responses:

1. These options are exercisable over a four year period with 2,778 (one-third) of the options granted vesting on September 1, 2007, one year from the grant date, and 154.3333 (1/36) of the options granted vesting monthly thereafter.

Dr John Francis Womelsdorf

09/04/2006

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.