Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Chiao Judy					2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]							(Che	eck all applic	cable)	g Pers	son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) 200 CORNELL DRIVE, SUITE 1500				3. Date of Earliest Transaction (Month/Day/Year) 12/21/2006									below)	.0	ev. &	Reg. Aff.	рсспу	
(Street) BERKEI HEIGHT (City)	TS N.	-	07922 (Zip)	4.	If Ame	endment, I	Date o	f Original	Filed	(Month/Da	ay/Year)		Line) K Form fi	iled by One	Repo	g (Check Ap orting Perso n One Repor	n
		Tab	le I - Non-D) Derivativ	e Se	curities	s Acc	quired,	Dis	posed o	f, or E	Bene	eficiall	y Owned				
Date			Transactio ate lonth/Day/Y	Execution Date		Date,	Code (Instr. 5)				5. Amour Securitie Beneficia Owned F Reported	rities Ficially (d Following (r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A)) or)	Price	Transact (Instr. 3 a	ion(s)			` '
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, If Security or Exercise (Month/Day/Year) if any			Code	ransaction of ode (Instr. Derivative		ive les ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisab		Expiration Date	Title	O N	Amount or Number of Shares					
Option	\$6.95	12/21/2006		A		80,000		(1)	1	2/20/2016	Commo	on 8	30,000	\$0	80,000)	D	

Explanation of Responses:

1. These options are exercisable over a four-year period with one-quarter (1/4) of the options granted vesting on December 12, 2007, the first anniversary of the grant date, and 1/48 of the balance of the options granted vesting monthly thereafter.

Remarks:

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

/s/ Dr. Judy H. Chiao

12/26/2006

** 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.