| SEC F | Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPRO | VAL | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| 1. Name and Address of Reporting Person [*] Bacopoulos Nicholas G | | | 2. Issuer Name and Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc.</u> [CYCC] | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | |
|--|---------|--------------|---|------------------------|---|-----------------------|--|
| | | TICALS, INC. | 3. Date of Earliest Transaction (Month/Day/Year) 03/29/2010 | | Officer (give title below) | Other (specify below) | |
| (Street) BERKELEY HEIGHTS | NJ | 07922 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | dual or Joint/Group Filing (Form filed by One Report Form filed by More than (Person | ting Person | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|---|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (iiisu: 4) |

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. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 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) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Option | \$2.38 | 03/29/2010 | | Α | | 25,000 | | (1) | 03/29/2020 | Common Stock | 25,000 | \$0 ⁽²⁾ | 25,000 | D | |

Explanation of Responses:

1. These options are exercisable over a four-year period with one-fourth (1/4) of the options vesting on the first anniversary of the grant date and the balance vesting ratably on a monthly basis over the 36 months following thereafter.

2. The options were granted to Dr. Bacopoulos for his services as a member of the board of directors of Cyclacel Pharmaceuticals, Inc.

/s/ Nicholas G. Bacopoulos

03/30/2010

** 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.