## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL								
OMB Number:	3235-0287								
Estimated average burden									
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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

1. Name an		2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals</u> , <u>Inc.</u> [ CYCC ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner									
(Last) (First) (Middle) 1585 BROADWAY						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2009									Officer (give title Other (specify below) below)					
(Street) NEW YC			10036 Zip)		4. If	Amen	dment,	Date	e of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	isposed o	f, or E	Benefic	ciall	y Owne	ed				
Dat				Date			r) if any		3. Transaction Code (Instr. 8)					ıd	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D) Price		- 1	Reported Transactio (Instr. 3 ar				(Instr. 4)		
Common	Stock			03/31/2	009				S		19,800	D	\$0.3	35	2,861	,544	I By Subsidiary <sup>(1)</sup>			
Common Stock				04/01/2009		)		S		81,520	D	\$0.3	32	2,780	,024	I		By Subsidiary <sup>(1)</sup>		
Common Stock			04/01/2009				P		53,900	A	\$0.3	86	2,833,924		I		By Subsidiary <sup>(1)</sup>			
Common	on Stock 04/			04/01/2	04/01/2009				S		53,900	D	\$0.3	86	2,780,024		I		By Subsidiary <sup>(1)</sup>	
		Та	ıble II	- Derivat (e.g., p	ive S uts, c	ecur alls,	ities . warr	Acqı ants	uired, , optic	Dispons,	oosed of, convertib	or Bei	neficia curities	ully ( s)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Expira (Monti	ation D		7. Title Amour Securit Underly Derivad Securit and 4)	it of ties ying	3 D S (III	. Price of verivative ecurity nstr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	of Shares							

## **Explanation of Responses:**

1. The reported securities are held directly by certain funds (each, a "Fund" and collectively, the "Funds") managed by indirect subsidiary entities of the reporting person. FrontPoint Partners LLC ("FPP"), an indirect wholly owned subsidiary of the reporting person is the parent company of each entity that is the investment manager of one or more of the Funds. This form is filed without prejudice to the reporting person's position that none of the Funds nor FPP or any of its subsidiaries, nor the reporting person, individually or in aggregate, are required to file beneficial ownership reports under Section 16(a) of the a Securities Exchange Act of 1934, and should not be construed or interpreted as a concession or admission that such reports are required.

/s/ Dennine Bullard, By:

Morgan Stanley, By: Dennine

04/02/2009

Bullard, Authorized Signatory

\*\* 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.