FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPI	ROVAL							
OMB Number:	3235-0287							
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).

## 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

Name and Address of Reporting Person*     McVie John Gordon					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Cyclacel Pharmaceuticals, Inc. [ CYCC ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				-									X	Directo	r		10% Ow	ner
(Last) (First) (Middle) 200 CONNELL DRIVE			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2008								-	Officer below)	(give title		Other (s below)	pecify
SUITE 1	.500																	
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BERKEI	EV												X	Form fi	led by One	Repo	rting Persor	.
HEIGHT	N	J	07922								Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)															
		Tal	ole I - Non-I	Derivati	ve Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	nef	cially	Owned				
Date				. Transactio Date Month/Day/`	Execut Day/Year) if any		A. Deemed xecution Date, any lonth/Day/Year)		Transaction Dispose Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct   I · Indirect   I str. 4)   (	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	r F	rice	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
			Table II - De	erivative .g., puts										Owned	•			•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Datif any (Month/Day/Ye	Code	action (Instr.			5. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisabl		Expiration Date	Title	or Nu of	nount mber ares					
Option	\$4.31	02/19/2008		A		25,000		02/19/2008	(1)	02/19/2018	Commor Stock	25	,000	(2)	25,000	)	D	

## Explanation of Responses:

- 1. The options will vest ratably over a 48-month period.
- $2. \ The \ options \ were \ granted \ to \ Professor \ McVie \ for \ his \ services \ as \ a \ member \ of \ the \ board \ of \ directors \ of \ Cyclacel \ Pharmaceuticals, \ Inc.$

/s/ John Gordon McVie 02/20/2008

\*\* 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.