FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average bur	den							

0.5

hours per response:

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 and Address of Reporting Person*												5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HAKD D	DAVID C		-									X	Director	r		10% Ov	/ner	
,	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/09/2007								Officer below)	Officer (give title below)		Other (s below)	pecify		
	111																	
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
												Line)			_			
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(Si	tate)	(Zip)																
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				_				DIS	1	-			_					
Dat				Date		Date,	r, Transaction Disposed Code (Instr. 5)		ies Acquired (A) (l Of (D) (Instr. 3, 4		4 and Securit Benefic Owned		s ally ollowing	Form: (D) or	orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership		
							Code	Code V Amount		(A) 0 (D)	r P	rice	Transact	ion(s)			(Instr. 4)	
													Owned			,		
Derivative Conversion Date		if any	Code		of		Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
			Code	e V	(A)					Title	or Nui of	nber						
\$7.8	03/09/2007		A	†			03/09/2007	(1)	03/09/2017	Common	62	.500	(2)	62,500	0	D		
	(FineLL DR 500) LEY N. (Security (Instance of Derivative Security)	(First) INELL DRIVE 500 (State) Tal Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year)	(First) (Middle) INELL DRIVE 500 Security (Instr. 3) Table II - I (Conversion or Exercise Price of Derivative Security (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	(First) (Middle) (First) (Middle) (State) (Zip) Table I - Non-Derivative (Month/Day/Year) Table II - Derivative (e.g., put 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Code	(First) (Middle) (First) (Middle) 3. Date 03/09/2 3. Date 03/09/2 4. If Ame (State) (Zip) Table I - Non-Derivative Security (Instr. 3) Table II - Derivative Security (Leg., puts, cal fany (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Price of Derivative Security (Month/Day/Year) 3. 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Transaction Date (Month/Day/Year) Table II - Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Code V (A) (D)	Cyclacel Pharmaceutica (First) (Middle) (First) (Middle) (INELL DRIVE) (State) (Zip) Table I - Non-Derivative Securities Acquired, Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acquired, Date (Month/Day/Year) (Month/Day/Year)	Cyclacel Pharmaceuticals, 2 (First) (Middle) (Ninell Drive South State State	Cyclacel Pharmaceuticals, Inc. [CYClacel Pharmaceuticals, Inc.] (First) (Middle) (INELL DRIVE 500 A. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of (e.g., puts, calls, warrants, options, convertibe Securities Acquired (A) or Disposed of (Month/Day/Year) (Month/Day/Year)	Cyclacel Pharmaceuticals, Inc. 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[CYCC] Check X	Cyclacel Pharmaceuticals, İnc. [CYCC] (Check all applic X Director Officer below) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2007 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Julie) 7. Line) 7. Form file F	Cyclacel Pharmaceuticals, Inc. CYCC Check all applicable) X Director Officer (give title below)	Cyclacel Pharmaceuticals, Inc. [CYCC] (First) (Middle) (A) (Zip) (A) (Zip) (A) (Month/Day/Year) (A) (Month/Day/Year) (Month/Day/Year) (Middle) (A) (A) (B) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Mo	Cyclacel Pharmaceuticals, İnc. [CYCC] (First) (Middle) (First) (

Explanation of Responses:

- 1. The Options shall vest ratably over a 48 month period.
- $2. The \ Options \ were \ granted \ to \ Mr. \ UPrichard \ in \ exchange \ for \ his \ services \ rendered \ as \ a \ member \ of \ the \ Board \ of \ Directors.$

<u>/s/ David C. U'Prichard</u> <u>03/13/2007</u>

** 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.