FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
houre per reenonce:	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* Walker Karin L					2. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]						(Ch	eck all appli X Directo	cable) or	Person(s) to Is	ner
	CLACEL P	rst) HARMACEUTI IVE, SUITE 150		111	3. Date of Earliest Transaction (Month/Day/Year) 11/09/2020							Officer below)	(give title	otner (below)	specify
(Street) BERKEI HEIGHT	N	J	07922	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	,	(Zip)												
Date (Month) Table II - Deriva			Transaction te onth/Day/Ye	ction 2A. Deemed Execution Date,		3. Transacti Code (Ins 8) Code V	4. Secur Dispose 5) Amount	ities Acquired (A) or d Of (D) (Instr. 3, 4 and (A) or (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
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/Yea	4. Transa Code (4. 5. Number of E		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		d f s g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		Code V (A) (D) Exercisable Date Title Shares													
Stock Option (right to buy) ⁽¹⁾	\$3.33	11/09/2020		A		5,200		11/09/2021	11/09/2030	Common Stock	5,200	\$0	5,200	D	

Explanation of Responses:

1. These options were granted to Ms. Walker for her services as a member of the board of directors of Cyclacel Pharmaceuticals, Inc.

/s/ Karin L. Walker

11/12/2020

** Signature of Reporting Person Date

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

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.

^{*} 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).