FORM 4

Check this box if no longer subject to

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

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     Sems Lloyd				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cyclacel Pharmaceuticals, Inc.</u> [ CYCC ]								(Ch	elationship o eck all applio			son(s) to Iss 10% Ov			
(Last) 200 CON SUITE 1	NELL DR	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/23/2012									Officer below)	Officer (give title elow)		Other (s below)	specify	
(Street) BERKEI HEIGHT	LEY N	J	07922		4. If A	Amen	ndment, I	Date of	f Original	Filed	(Month/Da	ay/Yea	ur)	Line	) <mark>X</mark> Form f	iled by One	e Repo	g (Check Apporting Person	n
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	n-Deriva	tive	Sec	urities	s Acc	quired,	Dis	posed o	f, or	Ben	eficiall	y Owned				
Date			Date	e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		, Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) d Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)		Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
		-	Table II - I								osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		Date   I (Month/Day/Year)   i	3A. Deemed Execution Date, if any (Month/Day/Year)	Date, Tra	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode V	,	(A)		Date Exercisab		Expiration Date	Title		Amount or Number of Shares					
Option	\$0.47	05/23/2012			A		25,000		(1)		5/23/2022	Com	mon	25,000	\$0 <sup>(2)</sup>	25,00	0	D	

## **Explanation of Responses:**

- 1. These options are exercisable over a four-year period with 1/48 of the options granted vesting on a monthly basis.
- 2. These options were granted to Mr. Sems for his services as a member of the board of directors of Cyclacel Pharmaceuticals, Inc.

/s/ Lloyd Sems

\*\* Signature of Reporting Person Date

05/24/2012

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.