FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL					
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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* UPRICHARD DAVID C			2. Date of Event Requiring Statement (Month/Day/Year) 03/27/2006 3. Issuer Name and Ticker or Trading Symbol Cyclacel Pharmaceuticals, Inc. [CYCC]									
(Last) 150 JOHN F. SUITE 100	150 JOHN F. KENNEDY PARKWAY,					tionship of Reporting Perso all applicable) Director	ng Person(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) SHORT HILLS (City)	NJ (State)	07078 (Zip)				Officer (give title below)	Other (sp below)	ecify	Appli	icable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock, par value \$0.001 per share					0		D					
6% Convertible Exchangeable Pref Stock par \$0.001 per share					0		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		str. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi		ty (Instr. 4) Conve		ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	ı Title		Amount or Number of Shares	Secur	ative	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Paul McBarron, attorney-in-

<u>fact</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 5 (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.