Cyclacel Pharmaceuticals, Inc.

Form 4

June 11, 2008

FORM 4  UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549  Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  See Instruction 1(b).  OMB APPROVAL  OMB Number: 3235-0287  Expires: 2005  Estimated average burden hours per response 0.5  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940  (Print or Type Responses)											
				l Ticker or			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)  C/O CYCLA  PHARMAC  CONNELL	oate of Earliest Tr onth/Day/Year) 09/2008	ransaction			Director 10% Owner X Officer (give title Other (specify below) V.P., Clin. Dev. & Reg. Aff.						
			Amendment, Dad (Month/Day/Year	_	al		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)	(State)	(Zip)	Table I - Non-I	) Perivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. e, if Transaction Code Year) (Instr. 8)	(Instr. 3,	(A)	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) Owners				
Common Stock, par value \$0.001 per share	06/09/2008		Р	100	A	\$ 2.108	46,268	D			
Common Stock, par value \$0.001 per share	06/09/2008		Р	100	A	\$ 2.136	46,368	D			

Common Stock, par value \$0.001 per share	06/09/2008	P	400	A	\$ 2.126	46,768	D
Common Stock, par value \$0.001 per share	06/09/2008	P	362	A	\$ 2.145	47,130	D
Common Stock, par value \$0.001 per share	06/09/2008	P	38	A	\$ 2.135	47,168	D
Common Stock, par value \$0.001 per share	06/09/2008	P	1,000	A	\$ 2.14	48,168	D

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

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 control number.

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9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration Da	ite	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Y	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration	m 1	or	
						Exercisable	Date		Number	
				~	. (A) (D)				of	
				Code V	(A) (D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Reporting Owners 2

Director 10% Owner Officer Other

Chiao Judy C/O CYCLACEL PHARMACEUTICALS, INC. 200 CONNELL DRIVE, SUITE 1500 BERKELEY HEIGHTS, NJ 07922

V.P., Clin. Dev. & Reg. Aff.

## **Signatures**

/s/ Dr. Judy H. O6/11/2008 Chiao

\*\*Signature of Date
Reporting Person

## **Explanation of Responses:**

- \* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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