Edgar Filing: Cyclacel Pharmaceuticals, Inc. - Form 4

Cyclacel Ph Form 4 May 23, 20	armaceuticals, Ind	2.									
							PPROVAL				
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549						COMMISSION	N OMB Number:	3235-0287			
Check th if no lor subject to Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	nger to 16. or Filed pur ^{Dns} Section 17(STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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)										
HENNEY CHRISTOPHER S Symb				er Name and el Pharma 2]		C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(N			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2014				X Director Officer (giv below)	Officer (give title Other (specify			
Filed(Mo				endment, Da onth/Day/Yea	-	1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
BERKELE	Y HEIGHTS, NJ	07922					Person		aporting.		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	n Date 2A. Deemed Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each clas	s of sec	urities benef	ficially own	ned directly of	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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/Year)	Transaction of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 3.09	05/22/2014		А	9,000	05/22/2015	05/22/2024	Common Stock	9,000	

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Reporting Owners

Reporting Owner Name / AddressRelationshipDirector10% OwnerOfficerOtherHENNEY CHRISTOPHER S
C/O CYCLACEL PHARMACEUTICALS, INC.
200 CONNELL DRIVE, SUITE 1500
BERKELEY HEIGHTS, NJ 07922XYYYSignatures
Menney05/23/2014YYYYY

**Signature of Reporting Date 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).
- (1) These options were granted to Dr. Henney for his services as a member of the board of directors of Cyclacel Pharmaceuticals, Inc.

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.