## Edgar Filing: UPRICHARD DAVID C - Form 4

UPRICHAF Form 4 March 31, 2	RD DAVID C										
FORM	_								OMB A	PPROVAL	
	UNITED	STATES		RITIES A			NGE	COMMISSIO	N OMB Number:	3235-0287	
Check the check	gar								Expires:	January 31, 2005	
subject t Section Form 4	to <b>SIAIEN</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES								average urs per 0.5	
Form 5 obligatio may cor <i>See</i> Instr 1(b).	ons Section 17(	a) of the l	Public U		ding Cor	npany	y Act	nge Act of 1934, of 1935 or Secti 940			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> UPRICHARD DAVID C			2. Issuer Name <b>and</b> Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer			
			Cyclacel Pharmaceuticals, Inc. [CYCC]					(Check all applicable)			
(Last)	(First) (.	Middle)		of Earliest T	ransaction			X Director Officer (giv		% Owner her (specify	
				(Month/Day/Year) 03/27/2009				below)	below)	lier (speeny	
(Street) 4.			4. If Am	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) BERKELEY HEIGHTS, NJ 07922						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State)	(Zip)				_		Person			
· ·		-					ities A	cquired, Disposed			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benet	ficially ow	ned dii	rectly o	or indirectly.			
					inforn requir	natior red to iys a (	n cont respo	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab			curities Acq ls, warrants				Beneficially Owned securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and A	mount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying So	ecurities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Mont	Code h/Day/Year) (Instr	r. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/	Year)	(Instr. 3 and	4) 5
			Code	e V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option	\$ 0.4	03/27/2009	А		50,000	<u>(1)</u>	03/27/2019	Common Stock	50,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
UPRICHARD DAVID C 200 CONNELL DRIVE, SUITE 1500 BERKELEY HEIGHTS, NJ 07922	Х					
Signatures						

/s/ David C. U?Prichard	03/31/2009
<u>**</u> 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) One-third of such options vest on the first anniversary of the grant date and the balance vest ratably over the 24 months following thereafter.
- (2) The options were granted to Mr. U'Prichard for his services as the chairman 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.

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