SEC Form 4	
------------	--

 $\square$ 

### 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response:	0.5
Estimated average burden	

1. Name and Addr	1 0	Person*	2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CZIRR JAM	<u>IES C</u>			X	Director	10% Owner			
(Last)	(First)	(Middle)	L		Officer (give title below)	Other (specify below)			
C/O GALECTI	IN THERAPE	UTICS, INC.	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018						
PEACHTREE	IND. BLVD. S	SUITE 240	4. If Amendment, Date of Original Filed (Month/Day/Year)	6 Indi	vidual or Joint/Group Fili	ing (Check Applicable			
(Stroot)				Line)		ing (encour) opnoable			
(Street) NORCROSS.	GA	30071		X	Form filed by One Re	porting Person			
	GA	50071			Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)							

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	06/08/2018		S		<b>50,000</b> <sup>(1)</sup>	D	<b>\$5.64</b> <sup>(1)</sup>	3,069,786	<b>I</b> <sup>(2)</sup>	See footnote
Common Stock	06/08/2018		S		60,000 <sup>(1)</sup>	D	<b>\$6.08</b> <sup>(1)</sup>	3,009,786	<b>I</b> <sup>(2)</sup>	See footnote

## 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)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	,, (D)	Date Exercisable	Expiration Date	Amount or Number of Shares					

Explanation of Responses:

1. Common shares should pursuant to a trading plan pursuant to Rule 10b5-1. Price represents the gross sales price less commissions and brokerage fees.

2. 10X Fund, L.P. has direct beneficial ownership of all the securities owned by 10X Fund, L.P. 10X Capital Management, LLC, a Florida limited liability company, is the general partner of 10X Fund, L.P., a Delaware limited partnership, and may be deemed to have indirect beneficial ownership of all or a portion of the securities owned directly by 10X Fund, L.P. 10X Capital Management, LLC disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein.

/s/ James C. Czirr

06/12/2018

Date

\*\* Signature of Reporting Person

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.