FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Shlevin Harold H.							2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT								5. Relationship of Reportir (Check all applicable) Director Officer (give title			10% Owner	
	ast) (First) (Middle) /O GALECTIN THERAPEUTICS, INC. 960 PEACHTREE INDUSTRIAL BLVD., STE				06	3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018								X	below) below) Chief Operating Officer				
(Street) NORCROSS GA 30071 (City) (State) (Zip)					_	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Indiv ₋ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - N	on-Deri	vativ	e Sec	urit	ies Ac	auirea	d. Di	sposed o	f. or Be	nefici	ally (Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					ction	2A. Exe) if ar	Deem cutior		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				5. Amount of Securities Beneficially Owned Follow		Form: (D) or	m: Direct or Indirect instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 06/12/20						18		S ⁽¹⁾		12,780	D	\$6.	.5	5,3	,374		D		
Common Stock 06/13/20						18			M ⁽¹⁾		25,544	A	\$0)	30,	30,918		D	
Common Stock 06/13/20						18			S ⁽¹⁾		30,918	D	\$7.79	21 ⁽³⁾	0			D	
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. Deer Execution if any (Month/I	ned	4. Transa Code (8)	ction	5. Number		6. Date Exerci Expiration Dat (Month/Day/Yo		isable and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		nt 8.	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er					
Stock option (right to	\$3.45	06/13/2018			M ⁽¹⁾			25,544	(2)		01/29/2025	Common Stock	25,54	14	\$0	12,456	6	D	

Explanation of Responses:

- $1. \ The reported transaction was made pursuant to a Rule 10b5-1 plan adopted by the reporting person on March 12, 2018.$
- 2. The options vested as follows: 25% on January 29, 2015, the grant date, with the remainder vesting ratably on a monthly basis over a three year period.
- 3. The shares were sold in multiple transactions at prices ranging from \$6.52 to \$8.00. This amount represents the weighted average sale price of such transactions. The reporting person undertakes to provide full information regarding the number of shares sold at each separate price upon request by the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

Remarks:

/s/ Jack W. Callicutt, by power of <u>attorney</u>

06/14/2018

** 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 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.