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

(City)

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

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

16(a) of the Securities Excha **.**...

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| Instruction 1(b). | | | I pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | J | | |
|--|---|---|--|-------|---|-----------------------|--|--|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | | | | |
| 1. Name and Addres <u>Greenberg Ar</u> | ss of Reporting Perso <u>"thur</u> | n* | 2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [GALT] | | tionship of Reporting Pers all applicable) Director | 10% Owner | | |
| | (First) I THERAPEUTIC REE INDUSTRIA | (Middle) CS INC. L BLVD., STE 240 | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2015 | | Officer (give title below) | Other (specify below) | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | ividual or Joint/Group Filing (Check Applicable | | | |
| NORCROSS | GA | 30071 | | X | Form filed by One Repo Form filed by More than | 0 | | |

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 | 3. | Iction | 4. Securities | Acquired | (A) or | | (D) or Indirect | 7. Nature of Indirect Beneficial |
|---------------------------------|--|---|------------|--------|---------------|---------------|-------------|---|-----------------|--|
| | | (Month/Day/Year) | 8) Code | v | Amount | (A) or (D) | Price | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Ownership (Instr. 4) |
| Common Stock | 03/12/2015 | | A | | 11,112 | A | \$ <u>0</u> | 107,779 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | or osed)) r. 3, 4 | | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 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 | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

/s/ Jack W. Callicutt as Power

07/08/2015

Person

of Attorney for Arthur R. Greenberg

** 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.

OMB APPROVAL