FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## Washington, D.C. 20049

|  | STATEMENT OF | CHANGES IN | BENEFICIAL | OWNERSHIP |
|--|--------------|------------|------------|-----------|
|--|--------------|------------|------------|-----------|

| OMB APPRO              | OVAL      |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |
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| 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

| Name and Address of Reporting Person*     CALLICUTT JACK W   |           |                                       |               |                                    | 2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT   |   |                                    |                    |  |           |                  |               |                                 |   | all app<br>Direct<br>Office  | blicable)<br>ctor<br>er (give title                               |   | Owner<br>(specify |
|--|-----------|---------------------------------------|---------------|------------------------------------|--|---|------------------------------------|--------------------|--|-----------|------------------|---------------|---------------------------------|---|--|---|---|-------------------|
|  | LECTIN TH | rst) (<br>IERAPEUTICS<br>INDUSTRIAL I |               | TE 240                             | 08/  | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2014 |                                    |                    |  |           |                  |               |                                 | Λ   |  | Chief Financial Officer   |   |                   |
| (Street) NORCRO  | OSS GA    | <b>A</b> 3                            | 30071<br>Zip) |                                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (C Line)  X Form filed by One Reporting Form filed by More than O Person |   |                                    |                    |  |           | e Reporting Pers | son           |                                 |   |  |   |   |                   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |           |                                       |               |                                    |  |   |                                    |                    |  |           |                  |               |                                 |   |  |   |   |                   |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |           |                                       | Execution Da  |                                    | Date,  | Code (Instr.  |                                    | Disposed           | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |           |                  | 4 and Secu    |                                 | cially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |                   |
|  |           |                                       |               |                                    |  |   |                                    | Code               | v  | Amount    |                  | (A) or<br>(D) | Price                           |   | Transa   | action(s)<br>3 and 4)   |   | (111501.4)        |
| Common Stock 08/1  |           |                                       | 08/14         | 1/2014                             |  |   |                                    | P                  |  | 1,000     |                  | A \$4.54      |                                 | 545   | 1,260  |   | 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  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  34. Deemed Execution Date, if any (Month/Day/Year) |           | Date,                                 |               | Transaction of Code (Instr. Deriva |  | ative<br>rities<br>ired<br>sed                              | 6. Date E<br>Expiratio<br>(Month/D | e Amount of        |  |           |                  |               | ative derivative ity Securities | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |   |                   |
|  |           |                                       | Code          | ode V (A) (D)                      |  |   |                                    | Expiration<br>Date | Title  | Nur<br>of | nber             |               |                                 |   |  |   |   |                   |

**Explanation of Responses:** 

Remarks:

/s/ Jack W. Callicutt

08/15/2014

\*\* 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.