FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL								
OMB Number:	3235-0104							
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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*     Shlevin Harold H.			2. Date of Event Requiring Statement (Month/Day/Year) 08/27/2012  3. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [ GALT ]								
(Last) GALECTIN	ast) (First) (Middle) ALECTIN THERAPEUTICS INC.				Relationship of Reporting Personal (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
7 WELLS AVENUE, SUITE 34					X	Officer (give title below)	Other (spe below)	, 10	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) NEWTON	MA	02459				Chief Operating C	Jfficer			y One Reporting Person y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
					ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (I			4. Conversi or Exerci Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title	,	Amount or Number of Shares	Derivativ Security	e Direct (D) or Indirect (I) (Instr. 5)		

## **Explanation of Responses:**

## Remarks:

On August 27, 2012, the Issuer appointed the Reporting Person as the Issuer's Chief Operating Officer effective October 1, 2012.

No securities are beneficially owned.

08/29/2012 /s/ Harold H. Shlevin

\*\* 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 5 (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.