FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	e: 0.5									

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

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*					2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>LEWIS JOEL</u>					GALT]								X	Direc	tor		10% Ov	/ner			
(Last)	(F	rst) (ľ	Middle)		O/ II	X Officer (give title below)											Other (s below)	pecify			
C/O GALECTIN THERAPEUTICS INC.						3. Date of Earliest Transaction (Month/Day/Year)								1	President and CEO						
4960 PEACHTREE INDUSTRIAL BLVD., STE				05/13/2022																	
240			55,5.	, 512										_							
,	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind	6. Individual or Joint/Group Filing (Check Applicable										
(Street)														X		filed by On	e Reporti	ing Perso	on		
NORCROSS GA 30071															Form filed by More than One Reporting Person						
(City)	(S	tate) (Z	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of (5)			es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 and		ies cially Following	6. Owne Form: D (D) or In (I) (Instr	Direct of direct of the contract of the contra	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	ount (A) or P		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Common Stock ⁽¹⁾ 05/13/2					2022			A		12,868	A	1	\$1.36	493	,085(2)	D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of	2.	3. Transaction	3A. Dee		4.		Т .	ımber			isable and	7. Titl		_	Price of	9. Number	of 10.		11. Nature		
Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any		Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Inst 3 and 4)		D S (I	erivative ecurity nstr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ow For Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)					
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	nber							

Explanation of Responses:

1. Mr. Lewis and Galectin Therapeutics Inc. entered into an employment agreement, dated August 31, 2020, and a Deferred Stock Unit Agreement, dated August 31, 2020. Pursuant to these agreements, 80% of Mr. Lewis' compensation will be paid in the form of deferred stock units ("DSUs") in accordance with the terms and subject to the provisions set forth in the Deferred Stock Unit Agreement. The shares of Common Stock being reported herein underly DSUs issued to Mr. Lewis pursuant to the agreements, at a price per share equal to the closing price of the Common Stock on date of the transaction. The DSUs shall be settled in shares of Common Stock as follows: (i) twenty five percent shall be settled on March 1, 2023, (ii) twenty five percent shall be settled on September 1, 2023 and (iii) fifty percent shall be settled on March 1, 2024.

2. Represents shares underlying DSUs and Common Stock

<u>Jack W. Callicutt, by power of attorney</u> <u>05/16/2022</u>

** 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.