FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

igion, D.C. 20549	OMB APF	OMB APPROVAL					
ES IN DENECICIAL OWNEDSHID	OMB Number:	3235-028					

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

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

1. Name and Address of Reporting Person* FREEMAN KEVIN D					2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT										cable) or (give title	g Pers	10% Ov	vner
(Last) (First) (Middle) C/O GALECTIN THERAPEUTICS, INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2016								Indi	below)		Eilina	below)	plicable	
(Street)	OSS G	A	30071		4. If Amendment, Date of Origi				Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n
(City)	(S	•	(Zip)															
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) Table II - Derivati				2. Transaci Date Month/Day	Execution Date, Transaction Disposed Of (ties Acqui I Of (D) (In (A) c (D)	red (A) or str. 3, 4 a	nd e	5. Amour Securitie Beneficia Owned F Reported Transacti (Instr. 3 a	Form: Direct (D) or Indirect (I) (Instr. 4)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	nsaction de (Instr			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Cod	de V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amour or Number of Shares	er					
Stock option (right to	\$0.89	12/15/2016		A		31,250		(1)	1	2/15/2026	Common stock	31,25	0	\$0	31,250	0	D	

Explanation of Responses:

1. The options vest 100% on the date of Galectin Therapeutics, Inc.'s 2017 Annual Stockholders Meeting.

Remarks:

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

12/19/2016

** 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.