FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

ington, D.C. 20549	OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	
OTATEMENT OF OTATOLO IN BENEFICIAL OWNERORIII	Estimated average burde	ourden	
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5	
or Section 30(h) of the Investment Company Act of 1940			

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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [GALT										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>CALLICUTT JACK W</u>				1									1	Director	r		10% Ov	vner		
(Loot) (First) (Middle)]										Officer below)	(give title		Other (s below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Cl	Chief Financial Officer				
C/O GALECTIN THERAPEUTICS INC.					01/21/2014															
4960 PE	ACHTREE	INDUSTRIAL	BLVD., ST	E 240	_									_						
					4. If	f Ame	endment, I	Date of	Original F	iled	(Month/Day	//Year)		6. Ind	dividual or J	oint/Group	Filing	(Check App	olicable	
(Street)														\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		led by One	Reno	rting Perso	,	
NORCR	OSS G	A	30071													,	•	One Repor		
															Person		c triair	One repoi	ung	
(City)	(S	tate)	(Zip)																	
		Tal	ble I - Non	-Deriva	ative	e Se	curitie	s Acc	quired, [Disp	osed o	f, or E	Bene	ficially	/ Owned					
1. Title of S	Security (Ins	tr. 3)		2. Transa	ction		2A. Deem	3.		4. Securities Acquired (A)				5. Amour	it of 6. Ov			7. Nature of		
Date				/Day/Year)		Execution Date, if any		Code (Instr.		Disposed Of (D) (Instr. 3, 4		3, 4 and	Beneficia	Securities Beneficially Owned Following		Indirect	Indirect Beneficial			
							(Month/Day/Yea		r) 8)					Reported	"			Ownership (Instr. 4)		
									Code	V	Amount (A) or (D)		Price	Transacti (Instr. 3 a	ion(s) ınd 4)					
			Table II - D	Derivati	ive :	Sec	urities	Acau	ired. Di	spo	sed of.	or Be	enefi	cially	Owned	,		<u> </u>		
											onvertik									
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/\)	Co	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I Month/Day	Date		and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	s S Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)		Date Exercisable		Expiration Date	Title	1	Amount or Number of Shares						
Stock Option	\$13.38	01/21/2014		A	A		26,000		01/21/2014 ⁽	1) (01/21/2024	Comn	non	26,000	\$0	26,000	0	D		

Explanation of Responses:

1. 25% of the options vested upon grant date, with the remainder vesting ratably on a monthly basis over a three year period.

Remarks:

(Right to Buy)

/s/ Jack W. Callicutt

Stock

01/24/2014

** 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.