FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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20049	OMB APP	ROVAL		
ENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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<b>STATEMENT</b>	OF	<b>CHANGES</b>	IN	В

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(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     LEWIS JOEL			2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC									(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
					GALT]											er (give title		Other (s	specify	
(Last)	(Fi	rst) (M	Middle)											4	belov	,		below)		
C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240			3. Date of Earliest Transaction (Month/Day/Year) 04/29/2022										President and CEO							
					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															,	filed by On	e Repo	orting Perso	on	
NORCR	OSS GA	A 3	0071												Form Perso	i filed by Mo	re thar	n One Repo	orting	
(City)	(St	ate) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date		Date,	Transaction Disposed Of Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3,			Benefi	ties cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A (D	or	Price	Transaction(s) (Instr. 3 and 4)				(111541. 4)		
Common	Stock <sup>(1)</sup>			04/29/2	2022		A		11,290	A \$		\$1.5	480,217(2)		D					
		Tal	ble II -								osed of, o				y Owne	d	,	,		
1. Title of Derivative Security (Instr. 3)  1. Title of Derivative Security Security  2. Conversion Date (Month/Day/Year)  Derivative Security			if any	emed 4. Ion Date, /Day/Year) Code (li 8)					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount nber ires						

## **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>05/02/2022</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.