SEC For	m 4																		
FORM 4 UNITE) STA	STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNE led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									HIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person* CALLICUTT JACK W (Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC.					2. Issuer Name and Ticker or Trading Symbol <u>GALECTIN THERAPEUTICS INC</u> [GALT] 3. Date of Earliest Transaction (Month/Day/Year) 03/25/2021							LT] (Che	Relationship of Reporting Person(s) to Issuer meck all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer						
4960 PEACHTREE INDUSTRIAL BLVD., STE240 (Street) NORCROSS GA 30071 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Та	ble I - Non	-Deriva	ative	e Sec	curities	s Ac	quired, D	isp	osed o	of, or Be	neficially	y Owned					
1. Title of Security (Instr. 3) Date (Month/I					Execution Date,			, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Followin Reported		Form: Direct (D) or Indirect ing (I) (Instr. 4)		. Nature of ndirect seneficial ownership nstr. 4)			
									Code	,	Amount	(A) c (D)	Price	Transacti (Instr. 3 a	on(s)		–	150.4	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Co	insacti de (Ins	ion I str. S			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	de V	, ((A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares		(Instr. 4)	ion(s)			
Stock option (right to buy) ⁽¹⁾	\$2.11	03/25/2021		A			50,000		(2)	03/	/25/2031	Common Stock	50,000	\$0.00	50,00	00	D		
Stock option (right to buy) ⁽¹⁾	\$2.11	03/25/2021		A		1	100,000		(3)	03/	/25/2031	Common Stock	100,000	\$0.00	100,0	00	D		

Explanation of Responses:

1. The options were issued pursuant to the Galectin Therapeutics Inc. 2019 Omnibus Equity Incentive Plan.

2. Such options vest as follows: 25% on each on September 30, 2021, March 31, 2022, September 30, 2022 and March 31, 2023.

3. Such options vest when (i) the Company has received the interim results of its NAVIGATE clinical trial and (ii) makes a public announcement that it has received the interim results.

Remarks:

<u>/s/ Jack W. Callicutt</u>

** Signature of Reporting Person

03/29/2021 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.

					or Sec	tion 30(h) of the	Ínvestme	nt Con	npany Act	of 1940						
1. Name and Address of Reporting Person [*] CALLICUTT JACK W						r Name and Tick ECTIN THI			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
	(F LECTIN TI ACHTREE	3. Date 03/25/2	of Earliest Trans 2021	ay/Year)	>	- X Officer (give title Other (specify below) below) Chief Financial Officer										
(Street) NORCROSS GA 30071 (City) (State) (Zip)						endment, Date o	Month/Da	Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Та	ble I - Nor	n-Deriv	ative Se	ecurities Ac	quired	Disp	osed o	of, or Ben	eficially	v Owned				
1. Title of Security (Instr. 3) Date (Month/D					saction Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea	Code	Transaction Code (Instr.		ities Acquired d Of (D) (Insti				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a				(11511. 4)
						curities Acqu Is, warrants						Owned				
1. Title of Derivative Security (Instr. 3)			ransaction ode (Instr.					7. Title and of Securitie Underlying Derivative S	s Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia	es	10. Ownership Form: Direct (D) or Indiroct	Beneficia Ownershi		