SEC Form 4	
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Instruction 10.

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## FORM 4

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity

securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person <sup>*</sup> Jamil Khurram (Last) (First) (Middle) 31 DAVID DRIVE			2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT GALT GALT GALT GALT GALT GALT GALT		tionship of Reporting Pers all applicable) Director Officer (give title below) Chief Medical (	10% Owner Other (specify below)
(Street) NEWTOWN (City)	PA (State)	18940 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person	orting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	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 (Instr. 3 and 4)			(1150.4)	
Common Stock	12/23/2024		М		40,000	Α	<b>\$0</b> <sup>(1)</sup>	40,000	D	
Common Stock	12/23/2024		S		13,654(2)	D	<b>\$</b> 0.8821 <sup>(4)</sup>	26,346	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned nuts calls warrants ontions convortible socurities 10 0

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)				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) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units <sup>(3)</sup>	\$0 <sup>(3)</sup>	12/23/2024		М		40,000		(3)	(3)	Common Stock	40,000	\$0	0	D	

Explanation of Responses:

1. Shares of common stock acquired for no additional consideration resulting from vesting of Restricted Stock units.

2. Shares of common stock sold pursuant to previously disclosed 10b5-1 plan.

3. Restricted Stock Units disposed upon conversion into shares of common stock pursuant to vesting on December 20, 2024.

4. Multiple transactions ranging from \$0.92 to \$0.85 with an average of \$0.8821.

Jack W. Callicutt, by power of	12/26/2024
attorney	12/20/2024

\*\* 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.