FORM 4

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

Washington, E	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Name Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol GALECTIN THERAPEUTICS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>LEWIS JOEL</u>					GALT ]									X Direct	tor	10% Owner		vner		
(Last)	(F	rst) (N	/liddle)												X Office below	fficer (give title elow)		Other (specify below)		
C/O GA	LECTIN T	HERAPEUTICS	INC.		3. Date of Earliest Transaction (Month/Day/Year)								]		President	t and (	CEO			
4960 PE	ACHTREE	INDUSTRIAL	BLVD.,	STE	01/29/2021															
240													ļ.,							
			4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														] :	X Form	filed by On	e Repo	orting Perso	on	
NORCR	OSS G	A 3	0071												Form filed by More than One Reporting Person					
(City)	(S	tate) (Z	<u>Z</u> ip)																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					Exec		Deemed cution Date, ny nth/Day/Year)		3. 4. Securitie Disposed (Code (Instr. 8)		es Acquired (A Of (D) (Instr. 3,		A) or s, 4 an	Benefic	ies ially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V		Amount	(A) (D)	or F	rice	Transa	ransaction(s) nstr. 3 and 4)			(111501. 4)	
Common Stock <sup>(1)</sup> 01/29/2					2021		A		8,503	A	A	\$1.90	1.96 173,524			D				
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)	vative Conversion Date urity or Exercise (Month/Day/Year)   Execution Date, if any			4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y [0	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	Amor or Num of Share	ber						

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 September 1, 2023 and (iii) fifty percent shall be settled on March 1, 2024.

2. Represents shares underlying DSUs and Common Stock

## Remarks:

/s/ Jack W. Callicutt, by power 02/01/2021 of attorney

\*\* 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.