Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
-------------	------------	--

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* LEWIS JOEL						2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT									lationship ck all app Direc	,	ng Perso	10% Ov	vner		
(Last)	(Fi	rst) (N	Middle)											X	Office below	er (give title v)		Other (s below)	specify		
C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240					02/2	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2022 4. If Amendment, Date of Original Filed (Month/Day/Year)									President and CEO						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
NORCR	OSS GA	A 3	0071											^	Form filed by More than One Reporting Person						
(City)	(St	ate) (Ž	Zip)																		
		Table	I - Nor	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exec ay/Year) if any		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
	Code	v	Amount					(A) (D)	or P	Price	Transa	ction(s) 3 and 4)			(11341.4)						
Common Stock ⁽¹⁾ 02/28/2					2022				A		9,358	A \$		\$1.87	37 437.943 ⁽²⁾		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)	Conversion or Exercise (Month/Day/Year) Execution Date, if any			Transaction Code (Instr. 8)		of		Exercion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	wnership orm: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V ((A)		Date Exercis	able	Expiration Date	Title	Numb of Share								

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

Jack W. Callicutt, by power of 03/01/2022

** 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.