(Street)

ATLANTA,

GA

30324

FORM 4

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

Washington, D.C. 20549

this box if r	no longer sub	jec
tion 16. For	rm 4 or Form	5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

to Sec	this box if no I tion 16. Form 4 tions may conti ction 1(b).	or Form 5	STA								ies Exchang				SHIP		II .	ated a	oer: average burd esponse:	3235-0287 len 0.5
1. Name and Address of Reporting Person*  10X Fund, L.P.  (Last) (First) (Middle)  545 DUTCH VALLEY ROAD, N.E., SUITE A				2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT  GALT  5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify																
				3. Date of Earliest Transaction (Month/Day/Year) 10/13/2020										below) below)						
(Street) ATLANTA, GA 30324				4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Line) Form filed			nt/Group Filing (Check Applicable d by One Reporting Person d by More than One Reporting				
(City)	(Si	tate) (2	Zip)												Pei	son				
			I - No						-	l, Dis	posed of				<del>-</del>					
1. Title of	1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	saction (Instr.	5)			Secu Bene Owne Repo	5. Amount of Securities Beneficially Owned Follow Reported		Forr (D) (	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirec Beneficia Ownershi (Instr. 4)			
										v	Amount	(1	A) or D)	Price	(Instr	Transaction(s) (Instr. 3 and 4)		- (I)		
Common	Stock			10/13/			41	•	S	<u> </u>	10,000		D	\$2.97		356,4	40		D <sup>(1)</sup>	
		Ia	bie II -								osed of, convertib				y Own	ea				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (Ir 8)		of Deri Secu Acq (A) o Disp of (E	oosed D) tr. 3, 4	Expira	e Exerc ation Da h/Day/Y		Am Sec Und Der Sec	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)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners (Instr. 4
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Titl	or Nu of	mber ares						
	nd Address o	f Reporting Person																		
(Last) 545 DU	ГСН VALL	(First) EY ROAD, N.E	`	ddle) E A																
(Street)	TA,	GA	303	324																
(City)		(State)	(Zip	))																
	nd Address o	f Reporting Person <sup>*</sup>	•																	
		(First) HERAPEUTICS IND. BLVD., S	, INC.	ddle)																
(Street)	OSS,	GA	300	071																
(City)		(State)	(Zip	))																
		f Reporting Person nagement, LI																		
(Last)	TCH VALI	(First) EY ROAD, N.E	,	ddle) E A																

(City)	(State)	(7in)
(City)	(State)	(Zip)

## **Explanation of Responses:**

1. 10X Fund, L.P. has direct beneficial ownership of all the securities owned by 10X Fund, L.P. 10X Capital Management, LLC, a Florida limited liability company, is the general partner of 10X Fund, L.P., a Delaware limited partnership, and may be deemed to have indirect beneficial ownership of all or a portion of the securities owned directly by 10X Fund, L.P., but disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein. James C. Czirr is the manager of 10X Capital Management, LLC, and may be deemed to have indirect beneficial ownership of all or a portion of the securities owned directly by 10X Fund, L.P. and 10X Capital Management, LLC., but disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

/s/ James C. Czirr, as
Managing Member of the
General Partner for 10X Fund,
LP

/s/ James C. Czirr, as

Managing Member of 10X 10/15/2020

Capital Management, LLC

/s/ James C. Czirr, Individually 10/15/2020

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.