FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasiliigton,	D.C.	20549	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-0287								
	Estimated average burden								
ı	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								k all app Direc	tor	ng Pers	10% Ov	ner	
(Last) C/O GAI	(Fii LECTIN TI	rst) (M HERAPEUTICS	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023					X	below	er (give title w) President and		Other (specify below)				
4960 PEACHTREE INDUSTRIAL BLVD., STE 240					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) NORCROSS GA 30071					Form filed by More than One Reporting Person									orting					
(City)	(St	ate) (Z	Ľip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ded to					
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Executio		ution	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)				Securit Benefic Owned	Securities F Beneficially (Direct of Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)
									Code	v	Amount	(A) (D)	or Pr	rice		ction(s)			
Common	Stock ⁽¹⁾			10/13/	2023			A		10,035 A		\$	S2.01	989,025 ⁽²⁾		D			
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F D oi (i)	0. Dwnership orm: Direct (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

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, amended on July 25, 2022. 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, 2028 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 attorney

10/16/2023

** 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.