FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

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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)

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

Instruction 10.

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						elationship of Reporting Per ck all applicable) Director Officer (give title		10% Other	Owner (specify
(Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240				3. Date of Earliest Transaction (Month/Day/Year) 12/23/2024						below) below) President and CEO					
(Street) NORCROSS GA 30071 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
Date			2. Transacti Date (Month/Day	/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)		(Instr. 4)
Common Stock			12/23/2024			M		56,000	A	\$0 ⁽¹⁾	95	3,012	D		
Common Stock			12/23/2024			S		56,000(2)	D	\$0.8859	(5) 89	7,012	D		
Common Stock												2	,000	I	as UTMA custodian for a minor child ⁽⁴⁾
	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)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any					6. Date Exercisable and Expiration Date (Month/Day/Year)			of Securities D Underlying S		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

\$0⁽³⁾

Restricted

Units(3)

- 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.

12/23/2024

- 3. Restricted Stock Units disposed upon conversion into shares of common stock pursuant to vesting on December 20, 2024.
- 4. These shares are held of record by the Reporting Person as custodian for a minor child under the Uniform Transfer to Minors Act. The Reporting Person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for purpose of Section 16 or for any other purpose.

Date

Exercisable

(3)

(D)

Expiration

(3)

Title

Commo Stock

Date

5. Multiple transactions ranging from \$0.92 to \$0.85 with an average of \$0.8859.

Jack W. Callicutt, by power of attorney

Amount Number

Shares

56,000

12/26/2024

0

D

** 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).

Code ν

M

(A)

56,000

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.