

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

|  |  |  |
|--|--|--|
| 1. Name and Address of Reporting Person*<br><u>10X Fund, L.P.</u><br><hr/> (Last) (First) (Middle)<br>545 DUTCH VALLEY ROAD, N.E.,<br>SUITE A<br><hr/> (Street)<br>ATLANTA, GA 30324<br><hr/> (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol<br><u>GALECTIN THERAPEUTICS INC [ GALT ]</u> | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director <input checked="" type="checkbox"/> 10% Owner<br>Officer (give title below) Other (specify below)                       |
|  | 3. Date of Earliest Transaction (Month/Day/Year)<br>04/01/2021                           |  |
|  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                 | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction 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 and 5) |            |        | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|--------|---|--|---|
|                                 |                                      |  | Code                           | V | Amount  | (A) or (D) | Price  |   |  |   |
| Common Stock                    | 04/01/2021                           |  | S <sup>(1)</sup>               |   | 10,000  | D          | \$2.16 | 6,316,440   | D <sup>(2)</sup>   |   |

**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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|--|-----|--|-----------------|---|--|--|---|--|
|  |  |                                      |  |                                | (A)  | (D) | Date Exercisable   | Expiration Date |   |  |  |   |  |

1. Name and Address of Reporting Person\*  
10X Fund, L.P.  


---

 (Last) (First) (Middle)  
 545 DUTCH VALLEY ROAD, N.E.,  
 SUITE A  


---

 (Street)  
 ATLANTA, GA 30324  


---

 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
10X Capital Management, LLC  


---

 (Last) (First) (Middle)  
 545 DUTCH VALLEY ROAD, N.E.,  
 SUITE A  


---

 (Street)  
 ATLANTA, GA 30324  


---

 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
CZIRR JAMES C  


---

 (Last) (First) (Middle)  
 545 DUTCH VALLEY ROAD, N.E.,  
 SUITE A

|          |         |       |
|----------|---------|-------|
| (Street) |         |       |
| ATLANTA, | GA      | 30324 |
| (City)   | (State) | (Zip) |

**Explanation of Responses:**

1. Shares sold pursuant to 10X Fund, LP's Rule 10b5-1 trading plan.
2. 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.

|   |                   |
|---|-------------------|
| <u>/s/ James C. Czirr, as<br/>Managing Member of the<br/>General Partner for 10X Fund,<br/>LP</u> | <u>04/05/2021</u> |
| <u>/s/ James C. Czirr, as<br/>Managing Member of 10X<br/>Capital Management, LLC</u>              | <u>04/05/2021</u> |
| <u>/s/ James C. Czirr,<br/>Individually</u>   | <u>04/05/2021</u> |
| ** 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.**