Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								

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Name and Address of Reporting Person* LEWIS JOEL					2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					GALT]							X	X Director			10% Ov	vner		
(Last)	(Fi	rst) (N	Middle)		[]								X	Office below	er (give title v)		Other (s below)	specify	
C/O GALECTIN THERAPEUTICS INC.					3. Da	Date of Earliest Transaction (Month/Day/Year)							President and CEO						
4960 PEACHTREE INDUSTRIAL BLVD., STE				07/29/2022															
240	ACITIKEE	INDUSTRIAL	DLVD.	, SIL															
240					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street)													Line) X Form filed by One Reporting Person						
NORCR	OSS GA	A 3	0071											X		•		Ü	
															Perso	filed by Mo on	ne mar	n One Repo	orung
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)				Execution (Day/Year) if any		a. Deemed recution Date, any lonth/Day/Year)				ies Acquired (A Of (D) (Instr. 3			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice		action(s) 3 and 4)			(Instr. 4)	
Common Stock ⁽¹⁾ 07/29/2					/2022				Α		10,606	A	. !	\$2.26	552,139(2)			D	
		Tal									osed of, osonvertib				Owne	d		,	
Derivative Conversion Date Executity or Exercise (Month/Day/Year) if			if any	emed ion Date, /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 (Ins 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [C	10. Ownership Form: Direct (D) or Indirect (I) (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. 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 08/01/2022 attorney

** Signature of Reporting Person

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.