SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

insulant to Section 16(a) of the Securities Exchange Act of 1934 Eilod r

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burg	len								
hours per response:	0.5								

Instruc	tion 1(b).			FIIE							npany Act			34		<u></u>		
1. Name and Address of Reporting Person [*] <u>10X Fund, L.P.</u>					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [GALT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify				
(Last)(First)(Middle)1230 PEACHTREE STREET, N.E., SUITE 2445						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2016										ow)	belo	
(Street) ATLANTA, GA 30309				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting				
(City)	(St	ate) (Zip)												A Pe	rson		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	ur)	2A. Deer Execution if any (Month/I	ned on Date,	3. Transa Code (action					nd 5) 5. An Ben Own	ned mount of urities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	t of Indirect Beneficial Ownership	
									v	Amount	(A) or (D) P		Pric	Tran	saction(s) r. 3 and 4)		(Instr. 4)	
Common Stock					/2016				J ⁽¹⁾		211,87		Α			,452,303	D ⁽²⁾	
		Ta									osed of, onvertib				ly Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,		Transaction Code (Instr.		n of 🛛		6. Date Exerci: Expiration Dat (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		nstr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	iount mber ares				
	nd Address of Ind, L.P.	Reporting Person*	·															
(Last) 1230 PE	ACHTREE	(First) STREET, N.E.,	(Mid SUITE 2	,														
(Street) ATLAN	ГА,	GA	303	09		_												
(City)		(State)	(Zip))														
		Reporting Person [*] nagement, LL	. <u>C</u>															
(Last) 1099 FO		(First) E TERRACE	(Mid	dle)														
(Street)	LLE	FL	325	78														

Explanation of Responses:

(State)

(Zip)

(City)

1. Common stock received in satisfaction of \$213,994.83 of dividends due on Series B-1, B-2 and B-3 Convertible Preferred Stock owned by 10X Fund, L.P. pursuant to issuer's option to pay dividends in cash or common stock, at its sole discretion. The price is the amount of the dividend divided by the number shares issued in satisfaction of the dividend.

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. 10X Capital Management, LLC disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein.



<u>/s/ James C. Czirr, as</u> <u>Managing Member of 10X</u> <u>Capital Management, LLC</u> ** Signature of Reporting Person

Date

02/01/2017

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.