FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

x if no longer subject	
Form 4 or Form 5	

(First)

545 DUTCH VALLEY ROAD, N.E.,

SUITE A

(Middle)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden esponse: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box to Section 16.

	ions may conti tion 1(b).	nue. See		Filed	d pursuai	nt to S	Section	16(a)	of the S	ecuriti	ies Exchang	je Act	of 193	34		hour	s per r	esponse:	0.5
1. Name and Address of Reporting Person*  10X Fund, L.P.				2. Issu	GALECTIN THERAPEUTICS INC [ Check all applica   Oriector									olicable) ctor	X 10% Own				
(Last) (First) (Middle) 545 DUTCH VALLEY ROAD, N.E., SUITE A														er (give title w)	9	Other ( below)	(specify		
(Street) ATLANTA, GA 30324				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																
			I - No			_			uired	, Dis	posed of				<del>-</del>		1	1	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution [		tion Date,		action (Instr.		Of (D)	s Acquired (A) or		Securi Benefi Owned Report	cially I Following ted	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirec Beneficia Ownershi (Instr. 4)			
										V	Amount	(D	) or )	Price	(Instr.	action(s) 3 and 4)			
Common	Stock			02/02/					S <sup>(2)</sup>		10,000		D	\$2.04		36,440		D <sup>(1)</sup>	
		Та	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (I 8)		of Deriv	r osed ) r. 3, 4	6. Date Expirat (Month	ion Da		Amo Secu Unde Deriv	tle and ount of urities erlying vative urity (I d 4)	f De Se g (Ir	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nur of	ount mber ares					
	nd Address of Ind, L.P.	f Reporting Person <sup>*</sup>												·					
(Last) 545 DUT SUITE A		(First) EY ROAD, N.E	,	ddle)															
(Street)	ΓА,	GA	300	324															
(City)		(State)	(Zip	))															
		f Reporting Person <sup>*</sup> nagement, LI																	
(Last) 545 DUT SUITE A		(First) EY ROAD, N.E	,	ddle)															
(Street)	Γ <b>А</b> ,	GA	300	324															
(City)		(State)	(Zip	))															
	nd Address of JAMES	f Reporting Person <sup>*</sup>																	

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

## **Explanation of Responses:**

1. 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

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

/s/ James C. Czirr, as

Managing Member of the
General Partner for 10X Fund,

LP
/s/ James C. Czirr, as

Managing Member of 10X 02/05/2021

Capital Management, LLC

/s/ James C. Czirr, Individually 02/05/2021

\*\* 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.