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#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

	0.5
hours per response:	05
Estimated average burden	

1. Name and Addr	1 0	Person*	2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [ GALT	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>FREEMAN</u>	<u>KEVIN D</u>			X	Director	10% Owner		
(L oot)	(First)	(Middle)			Officer (give title below)	Other (specify below)		
(Last)	( )	( )	3. Date of Earliest Transaction (Month/Day/Year)	1	501011)	201011)		
C/O GALECTIN THERAPEUTICS, INC. 4960			09/06/2019					
PEACHTREE	INDUSTRIAI	L BLVD., SUITE 240		<u> </u>				
,			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Fili	ng (Check Applicable		
(Street)					Form filed by One Re	porting Person		
NORCROSS	GA	30071			Form filed by More th Person	an One Reporting		
(City)	(State)	(Zip)						

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

Table 1- Non-Derivative Securities Acquired, Disposed of, or Denencially Owned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)	action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(1130.4)		
Common Stock	09/06/2019		р		1,290	А	\$3.71 <sup>(1)</sup>	11,000	I	By a limited liability company wholly- owned by Freeman Global Holdings, LLC <sup>(2)</sup>		
Common Stock								23,469	D			
Common Stock								16,000	I	IRA		

# 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. Transa Code ( 8)		of E		6. Date Exerc Expiration Da (Month/Day/\	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)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. The price reported in Column 4 is a weighted average price, rounded to the nearest cent. The shares were purchased in multiple transactions at prices ranging from \$3.705 to \$3.713 per share, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased by the Reporting Person at each separate price on each date of purchase.

2. Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

#### **Remarks:**

/s/ Jack W. Callicutt, by power 09/09/2019

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\*\* Signature of Reporting Person Date

of attorney

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.