

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* <u>CZIRR JAMES C</u> (Last) (First) (Middle) <u>C/O GALECTIN THERAPEUTICS INC.</u> <u>4960 PEACHTREE INDUSTRIAL BLVD., STE 240</u> (Street) <u>NORCROSS GA 30071</u> (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>GALECTIN THERAPEUTICS INC [GALT]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)		
			3. Date of Earliest Transaction (Month/Day/Year) <u>03/25/2021</u>					
			4. If Amendment, Date of Original Filed (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person 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			

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)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock option (right to buy) ⁽¹⁾	\$2.11	03/25/2021		A		40,000		(2)	03/25/2031	Common Stock	40,000	\$0.00	40,000	D	
Stock option (right to buy) ⁽¹⁾	\$2.11	03/25/2021		A		70,000		(3)	03/25/2031	Common Stock	70,000	\$0.00	70,000	D	

Explanation of Responses:

- The options were issued pursuant to the Galectin Therapeutics Inc. 2019 Omnibus Equity Incentive Plan.
- Such options vest 100% on March 31, 2022.
- Such options vest when (i) the Company has received the interim results of its NAVIGATE clinical trial and (ii) makes a public announcement that it has received the interim results.

Remarks:

(1) The reporting person is president and director of Ed Uihlein Family Foundation, a not-for-profit corporation. The reporting person has no pecuniary interest in the shares, however, he shares voting and dispositive power over the shares and, therefore, remains the beneficial owner of the shares solely for the purposes of Section 13(d) of the Securities Exchange Act of 1934.

/s/ Jack W. Callicutt, by power of attorney 03/29/2021

** 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.