SEC Form 4 FORM 4 UN	IITED ST	TES S	SECURITIES				GE C	OMMIS	SSION			
		Washing	ton, D.C	: 2054	19			OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ed pursua	F CHANGES nt to Section 16(a) of ction 30(h) of the In	of the Se	ecuritie	es Exchange /			OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person <sup>*</sup> <u>LEWIS JOEL</u>			uer Name <b>and</b> Ticke LECTIN THE T]				(Check	ationship of Rep k all applicable) Director Officer (give	10% Owner			
(Last)     (First)     (M       C/O GALECTIN THERAPEUTICS		te of Earliest Transa 5/2023	action (N	/onth/	Day/Year)		A below) below) President and CEO					
4960 PEACHTREE INDUSTRIAL BLVD., STE 240			mendment, Date of	Origina	l Filed	(Month/Day/`	6. Indi Line) X					
(Street) NORCROSS GA 30	0071								Form filed by Person	More than One R	eporting	
(City) (State) (Zi	p)	<ul> <li>Rule 10b5-1(c) Transaction Indication</li> <li>Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.</li> </ul>									ntended to	
Table	- Non-Deri	ative S	ecurities Acq	uired,	Disp	osed of, o	or Ben	eficially	v Owned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Dat			Execution Date,		iction Instr.	4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)			5. Amount of Securities Beneficially Owned Followi Reported	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			

 		1					1	
Table II - I	Derivative Se	curities Acqui	ired, I	Dispo	sed of, or	Bene	ficially	Owned
(	(e.g., puts, ca	lls, warrants,	optio	ns, co	onvertible	secu	rities)	

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 Deriv Secu Acqu (A) o Dispo of (D	r osed ) 7. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	tion Date		e and Int of rities rlying ative rity (Instr. 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	Amount or Number of Shares				

A

12,042

Α

\$1.6

947,448(2)

D

## Explanation of Responses:

Common Stock<sup>(1)</sup>

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, amended on July 25, 2022. 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, 2028 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 08/15/2023

attorney 00/13/

\*\* 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).

08/15/2023

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.