FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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*  AMELIO GILBERT F							2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT									l appli Directo			10% O		
(Last) (First) (Middle) C/O GALECTIN THERAPEUTICS, INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240							3. Date of Earliest Transaction (Month/Day/Year) 01/30/2019									oelow)	)		below)		
(Street) NORCROSS GA 30071  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X 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. Transac Date (Month/Date)						Execution Date,			Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bene Owne		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	()	A) or D)	Price	_ Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock		)/2019	9			S		16,95	3	D	\$	5	167,661		D					
Common Stock 01/31/									S		13,04	7	D	\$	5	154,614		D			
	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. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of Der Sec Acc (A) Dis of (	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivat Securit (Instr. 5	ive c y s i) E F	9. Number of derivative Securities Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (D or Indire (I) (Instr.	n: ct (D) direct	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisa		Expiration Date	Title	Ame or Nun of Sha								

**Explanation of Responses:** 

Remarks:

/s/ Jack W. Callicutt, by power of attorney

02/04/2019

\*\* 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.