SEC Form 4	
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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 burder hours per response: 0.5

			or Section 30(n) of the investment Company Act of 1940			
1. Name and Address of Reporting Person* FREEMAN KEVIN D			2. Issuer Name and Ticker or Trading Symbol <u>GALECTIN THERAPEUTICS INC</u> [ GALT ]		ationship of Reporting Pe k all applicable) Director	10% Owner
(Last) (First) C/O GALECTIN THERAP 4960 PEACHTREE INDUS			3. Date of Earliest Transaction (Month/Day/Year) 03/12/2015	-	Officer (give title below)	Other (specify below)
(Street) NORCROSS	GA (State)	30071 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indir Line) X	vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person	porting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transa Code ( 8)		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)		(1150.4)
Common Stock	03/12/2015	Α		11,112	Α	\$ <mark>0</mark>	17,112(1)	D	
Common Stock	04/08/2015	Α		10,531	Α	\$ <mark>0</mark>	27,643(1)	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deri	umber vative urities	Expiration Date (Month/Day/Year)		Expiration Date of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership
	Derivative Security					(A) of (E	uired or oosed O) (Instr. and 5)			(Instr. 3 and 4)			Owned Following Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$8.1	04/08/2015		D			14,815	(2)	06/02/2021	Common Stock	14,815	(3)	0	D	

#### **Explanation of Responses:**

1. Amount reported includes shares acquired on June 1, 2015 and previously reported on a Form 4 filed on June 2, 2015. Shares acquired on June 1, 2015 were originally reported as held indirectly by the reporting person, however, such shares are held directly by the reporting person.

2. The option vested quarterly in eight equal installments beginning September 2, 2011.

3. The option was canceled by mutual agreement of the reporting person and Galectin Therapeutics, Inc. The reporting person received 10,531 shares of restricted common stock, reported in Table 1 of this Form 4, as consideration for the cancellation of options granted on June 2, 2011 and March 28, 2013.

**Remarks:** 

/s/ Jack W. Callicutt as Power
<u>of Attorney for Kevin D.</u>
Freeman

\*\* Signature of Reporting Person Date

07/08/2015

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.