FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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

Name and Address of Reporting Person*     TENAIS TORI				2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [ GALT								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>LEWIS JOEL</u>			1	1								X Director		r		10% Ov	vner	
(Last)	(Fi	rst)	(Middle)	_ [ <u>´</u>									Officer below)	r (give title r)		Other (s below)	specify	
C/O GALECTIN THERAPEUTICS INC.					3. Date of Earliest Transaction (Month/Day/Year)								President	CEO				
4960 PEACHTREE INDUSTRIAL BLVD., STE 240					01/24/2022													
4500 FEACHTREE INDUSTRIAL DEVD., STE 240					4. If Amendment, Date of Original Filed (Month/Day/Year)						6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					174110	riament, i	Date (	or Original i	ca (ivioria	"Da	y/ recar)	Lir		aai oi o	on to Oroup	, i iiiig	(Oncon Ap	piloabic
NORCR	OSS G.	A	30071										X	Form fi	led by One	Repo	orting Perso	n
				<u> </u>									Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)		Person													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			ransaction	Execution Date, pay/Year) if any			3.	4. Se	curiti	ies Acquire	ed (A) or	) or 5. Amour 4 and Securities					7. Nature of Indirect	
Date (Month/Date							e onth/Day/Ye	Code (Instr. 5)			ır. 3, 4 an	в	eneficia	ally (D) or following (I) (In I		r Indirect E	Beneficial Ownership (Instr. 4)	
					(Month/Day/Year			r)   8)				_	Reported					
							Code V	Amou	ount (A) or P		Price	Ti (li	ransacti nstr. 3 a	ion(s) and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
								, options										-
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Code (	ansaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			ies g Security	Derivative Security		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)		
												Amount or Number						
				Code	v	(A)	(D)	Date Exercisable	Expiration Date		Title	of Shares						
Stock Option (right to buy) <sup>(1)</sup>	\$1.98	01/24/2022		A		70,000		(2)	01/24/20	32	Common Stock	70,000	:	\$0	70,000	0	D	

## Explanation of Responses:

- $1. \ The \ options \ were \ issued \ pursuant \ to \ the \ Galectin \ The rapeutics \ Inc. \ 2019 \ Omnibus \ Equity \ Incentive \ Plan.$
- 2. The options vest as follows: 25% on each of June 30, 2022; December 31, 2022; June 30, 2023; and December 31, 2023.

<u>Jack W. Callicutt, by power of attorney</u>

01/25/2022

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.