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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

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**FORM 8-K**

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**CURRENT REPORT**

**Pursuant to Section 13 or 15(d) of the  
Securities Exchange Act of 1934**

**February 14, 2012**

**Date of Report (Date of earliest event reported)**

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**GALECTIN THERAPEUTICS, INC.**

**(Exact Name of Registrant as Specified in Charter)**

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**NEVADA**  
**(State or Other Jurisdiction  
of Incorporation)**

**000-32877**  
**(Commission  
File Number)**

**04-3562325**  
**(IRS Employer  
Identification No.)**

**7 WELLS AVENUE  
NEWTON, MASSACHUSETTS  
02459**  
**(Address of Principal Executive Offices) (Zip Code)**

**(617) 559-0033**  
**(Registrant's telephone number, including area code)**

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Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
  - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
  - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
  - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
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**Item 7.01. Regulation FD Disclosure.**

Peter G. Traber, M.D., President and Chief Executive Officer of Galectin Therapeutics, Inc. ("Company"), is presenting a corporate update at the BIOCEO & Investor Conference on February 14, 2012 contained in the slide presentation attached as Exhibit 99.1 to this Current Report on Form 8-K (this "Report").

The information in this Report is being furnished pursuant to this Item 7.01 and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (the "Exchange Act") or otherwise subject to the liabilities of that section, and it shall not be deemed incorporated by reference in any filing under the Securities Act of 1933 or under the Exchange Act, whether made before or after the date hereof, except as expressly set forth by specific reference in such filing to this Report.

**Item 9.01. Financial Statements and Exhibits.**

(d) Exhibits

99.1 Corporate Update Presentation Slides - dated February 14, 2012.

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

GALECTIN THERAPEUTICS, INC.

By: /s/ Anthony Squeglia  
Anthony Squeglia  
Chief Financial Officer

Date: February 14, 2012

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**Exhibit Index**

**Exhibit  
Number**

99.1 Corporate Update Presentation Slides dated February 14, 2012.



# Corporate Summary

February 2012

OTC: GALT

# Forward Looking Statements

This presentation contains, in addition to historical information, forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements relate to future events or future financial performance, and use words such as “may,” “estimate,” “could,” “expect” and others. They are based on our current expectations and are subject to factors and uncertainties which could cause actual results to differ materially from those described in the statements. Factors that could cause our actual performance to differ materially from those discussed in the forward-looking statements include, among others: incurrence of operating losses since our inception, uncertainty as to adequate financing of our operations, extensive and costly regulatory oversight that could restrict or prevent product commercialization, inability to achieve commercial product acceptance, inability to protect our intellectual property, dependence on strategic partnerships, product competition, and others stated in risk factors contained in our SEC filings. We cannot assure that we have identified all risks or that others may emerge which we do not anticipate. You should not place undue reliance on forward-looking statements. Although subsequent events may cause our views to change, we disclaim any obligation to update forward-looking statements.

## HIGHLIGHTS

### Proprietary Compounds

- First in class, proprietary compounds that inhibit galectin proteins
- Novel class of safe, complex carbohydrate drugs
- GR-MD-02: Non-alcoholic steatohepatitis (NASH) and other causes of liver fibrosis (clinical Q1 2013)
- GM-CT-01: Enhance immune cell killing of cancer cells (Phase I/II)

### Validated Science

- Pre-clinical models demonstrate that galectins are critical targets for intended diseases and mechanisms that would be novel in the market

### Large Market Opportunities

- NASH and liver fibrosis indications would be first therapies for completely unmet medical needs, representing a multi-billion dollar market
- Enhanced immune killing of cancer cells is synergistic with many current and experimental therapies, expected to be a \$7 billion market by 2015

### Intellectual Property

- Control 100% of commercial rights
- GR-MD-02: Matter and Methods pending (priorities of 2006-2011)
- GM-CT-01: Matter and Methods granted (expire 2023, priority 2003)

### Experienced Management Team

- Management team has collective experience in multiple biotechnology and large Pharma companies and relevant scientific areas

# Experienced Management Team

<b>Peter G. Traber, MD</b> President, CEO, CMO	<ul style="list-style-type: none"><li>• Over 25 years experience in biomedicine and pharmaceutical industries in research and development, clinical medicine, management and leadership, and business development. Medical expertise in liver disease</li><li>• GlaxoSmithKline, University of Pennsylvania, Baylor College of Medicine</li></ul>
<b>Anatole Klyosov, PhD</b> Chief Scientist	<ul style="list-style-type: none"><li>• Over 35 years experience in biochemical reactions and their mechanisms, biotechnology, and carbohydrate research</li><li>• Moscow University, Russian Academy of Sciences, Harvard Medical School</li></ul>
<b>Eliezer Zomer, PhD</b> EVP, Product Development	<ul style="list-style-type: none"><li>• Over 30 years experience in biotechnology engineering and regulatory in pharmaceuticals and diagnostics.</li><li>• Koor Biotechnologies, Charm Sciences, Glycogenesis, HU Medical School (Jerusalem), Harvard University</li></ul>
<b>Anthony Squeglia, MBA</b> CFO	<ul style="list-style-type: none"><li>• Over 25 years in finance, strategic planning, marketing &amp; investor relations with technology companies</li><li>• ITT, ATT, Ascom Timeplex, Quentra Networks. BBA from The Wharton School, University of Pennsylvania; MBA from Pepperdine University</li></ul>
<b>Maureen Foley</b> COO	<ul style="list-style-type: none"><li>• Over 30 years experience in business and operations management for public and private scientific, and biotech corporations and startup companies</li><li>• eHealthDirect, Signatron, ArsDigita and Thermo Fibergen</li></ul>
<b>Elena Chekhova, PhD</b> Program Manager	<ul style="list-style-type: none"><li>• Over 10 years of experience working in the biotech and life sciences industries, project management, manufacturing and business development.</li><li>• Regis Tech., Decode, Zafgen, Boston College, Tokai Pharma, MIT, University of Dortmund, Harvard University</li></ul>



# NASH and Liver Fibrosis are Multi-Billion Dollar Markets In US Alone

Transplants	<b>(6,291*)</b>
Wait List	<b>(17,000**)</b>
Death From Cirrhosis	<b>(44,677#)</b>
Cirrhosis	<b>(400,000##)</b>

**NASH: 9-15 Million&    Hepatitis C, Hepatitis B, Alcohol**



- **The ONLY current therapy for advanced fibrosis (cirrhosis) is liver transplantation**
- **No approved medical therapy for fibrosis**
- **While there are treatments for some underlying etiologies (Hepatitis C and B), there is no approved therapy for NASH**

\* Performed in US in 2010 (UNOS)  
\*\* Prevalence in US 2010 (UNOS)

#Deaths in 1998 (AASLD Workshop, 2001)  
##Prevalence in US 1976-1980 (NIDDK)

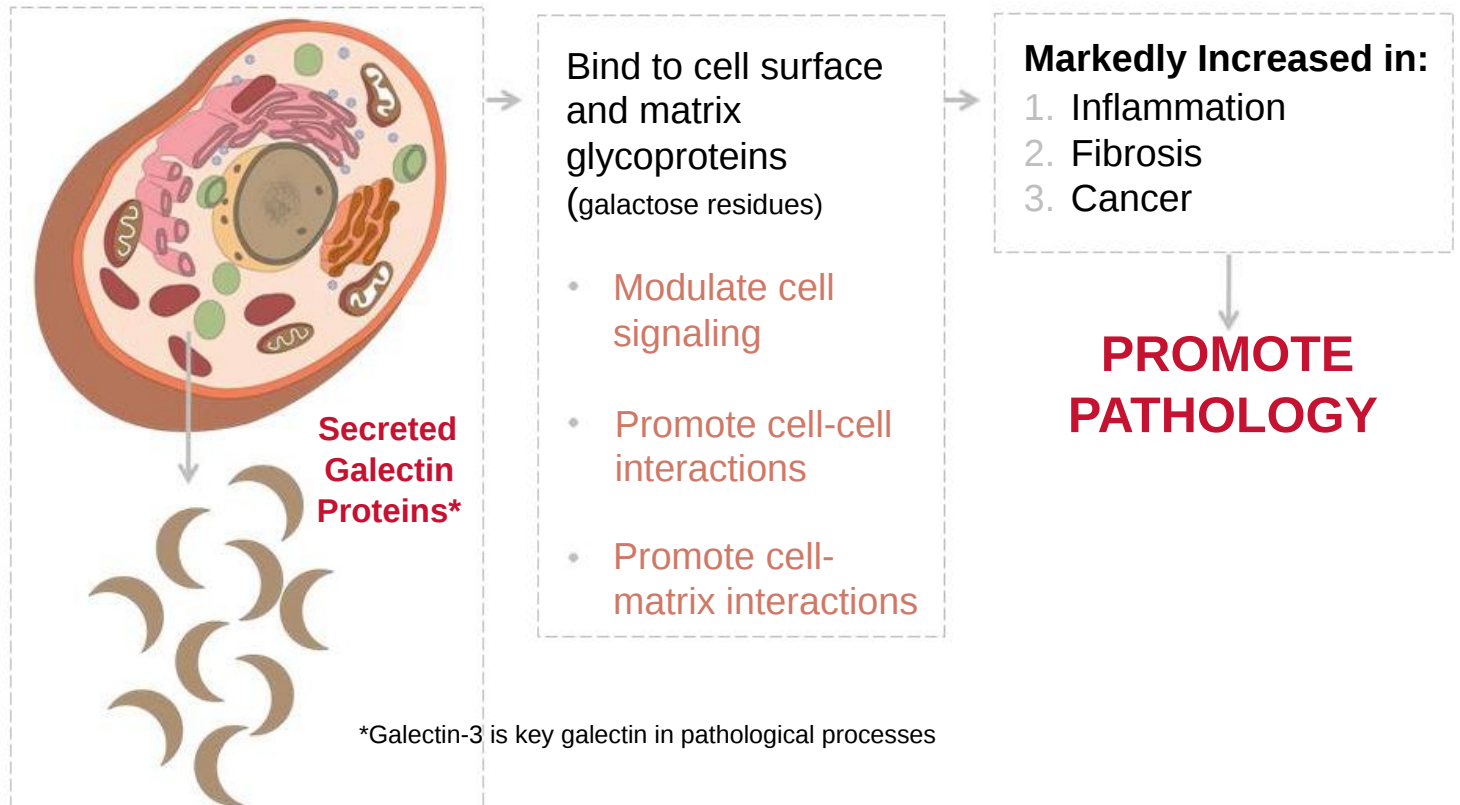
&Prevalence in US 2011 (NIH)

## Immune Enhancement is Synergistic With Many Emerging Cancer Immunotherapies

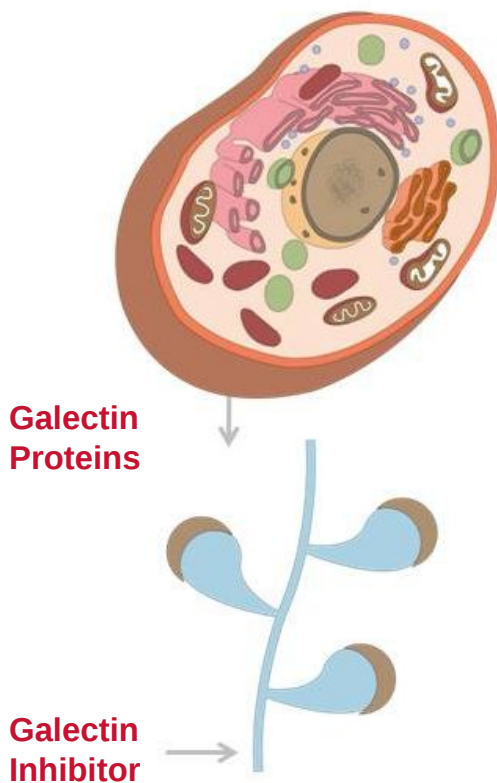
- Enhancing the ability of the immune system to recognize and kill tumor cells is a very active area in the personalized approach to cancer therapy
- Two agents have been approved for use to date
  - Dendritic cell vaccine: Provenge (Dendreon)
  - T-cell activator (CTLA4 receptor mAb): Ipilimumab (Yervoy, BMS)
  - Many more vaccines and activators in development
- Our drugs reverse the “Galectin Effect” by which tumors inhibit the immune system and will be **synergistic** with all tumor immunotherapies. May be effective with unaltered immune system
- While tumor vaccines are patient and tumor specific, reversal of the “Galectin Effect” is universal
- The tumor vaccine market is forecast to be over \$7 billion by 2015

- **Science of Galectins**
  - **Galectin Function**
  - **Galectin Inhibitors**
- **Liver Fibrosis**
  - Mechanism of Action
  - Regulatory and Clinical Plan
  - Competitive Positioning
- **Immune Enhancement in Cancer Therapy**
  - Mechanism of Action
  - Regulatory and Clinical Plan
  - Competitive Positioning

# Galectin Proteins Are Critical Participants In Pathogenesis of Many Fibrotic and Neoplastic Diseases



## Galectin Inhibitors: A New Class of Pathology Modulators



- Novel complex carbohydrate drugs that target secreted and membrane-associated galectins by virtue of high molecular weight
- Strongest binding to galectin-3, most prominent galectin in disease processes
- Binding to galectins disrupts function and modulates multiple cellular pathways in pathology representing a new class of therapeutic agents
- Low toxicity potential as a carbohydrate with no toxic metabolites
- Two classes of compounds under development
  - GM-CT
  - GR-MD
- Low manufacturing costs; abundant natural plant product starting materials
- Strong patent position; developed in house; no encumbrances

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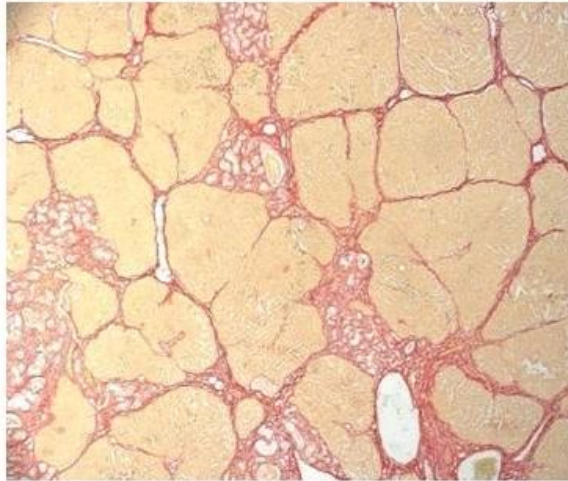
# Galectin-3 Is A Critical Target For Therapy of Liver Fibrosis

## Key Evidence:

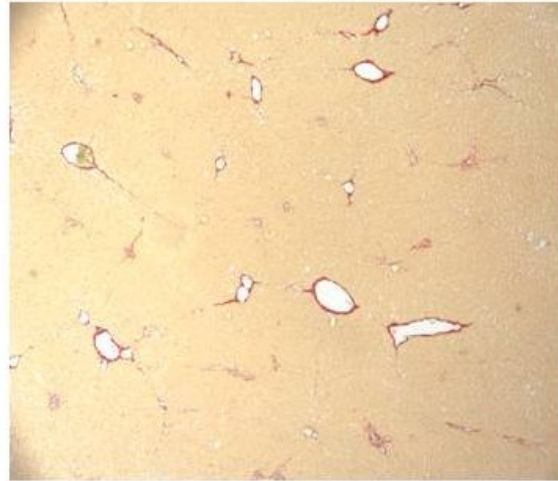
- ❖ Galectin-3 is produced in large amounts by fibrotic liver (animal and human)
- ❖ Galectin-3 is essential in mice for the development of liver fibrosis.
  - **Fibrosis due to toxin exposure or fatty liver DOES NOT occur in mice that lack the galectin-3 gene.**
- ❖ Galectin inhibitors block production of fibrogenic markers in the key human cell (stellate cells) responsible for liver fibrosis
- ❖ Galectin inhibitors reverse experimental fibrosis in rats induced by both fibrosis and fatty liver

## Galectin Inhibitor GR-MD-02 Effectively Treats Toxin-Induced Liver Fibrosis in Rats

Liver Fibrosis, induced by injection of chemical toxin for 8 weeks



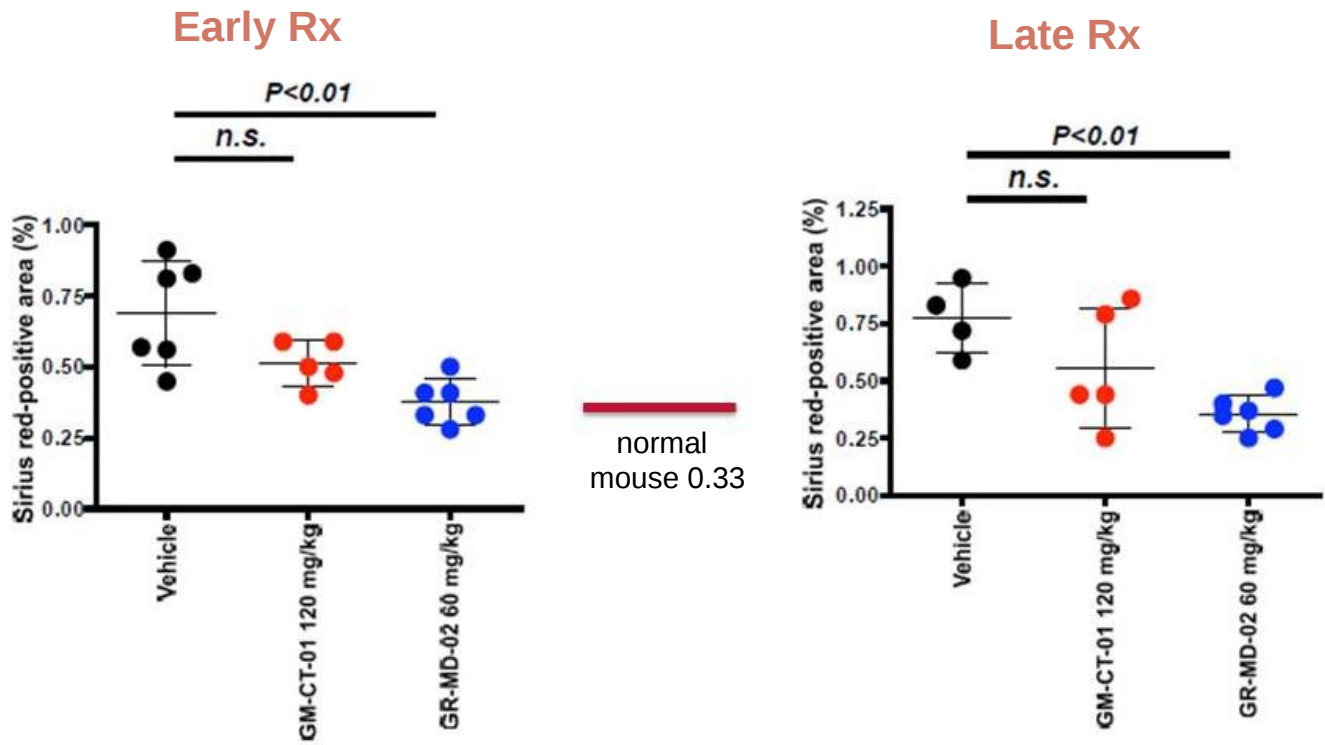
Regression of Fibrosis after 4 weeks of treatment with GR-MD-02



**Galectin Therapeutics Data:** Study performed under contract by Dr. Ji-yao Wang of Fudan University, Shanghai, China



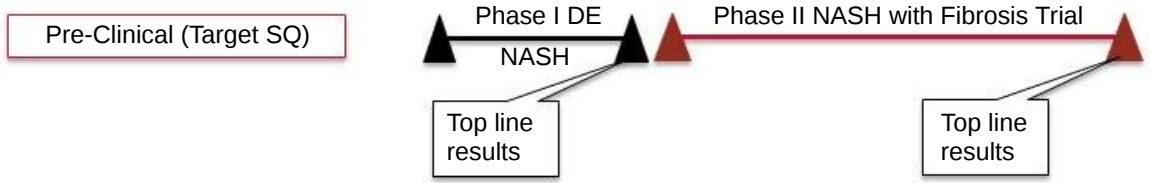
# GR-MD-02 Prevents and Completely Reverses Fibrosis in Non-Alcoholic Steatohepatitis (NASH)



**GR-MD-02 also reduces fat, liver cell death, and inflammation**

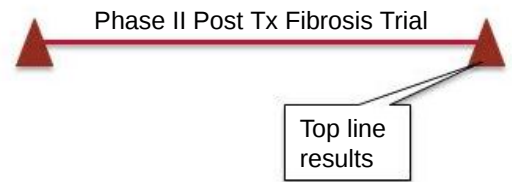


## NASH



Plan to File Fast Track Designation

## Post Transplant Fibrosis



Plan to File Fast Track Designation  
Plan to File Orphan Disease Status

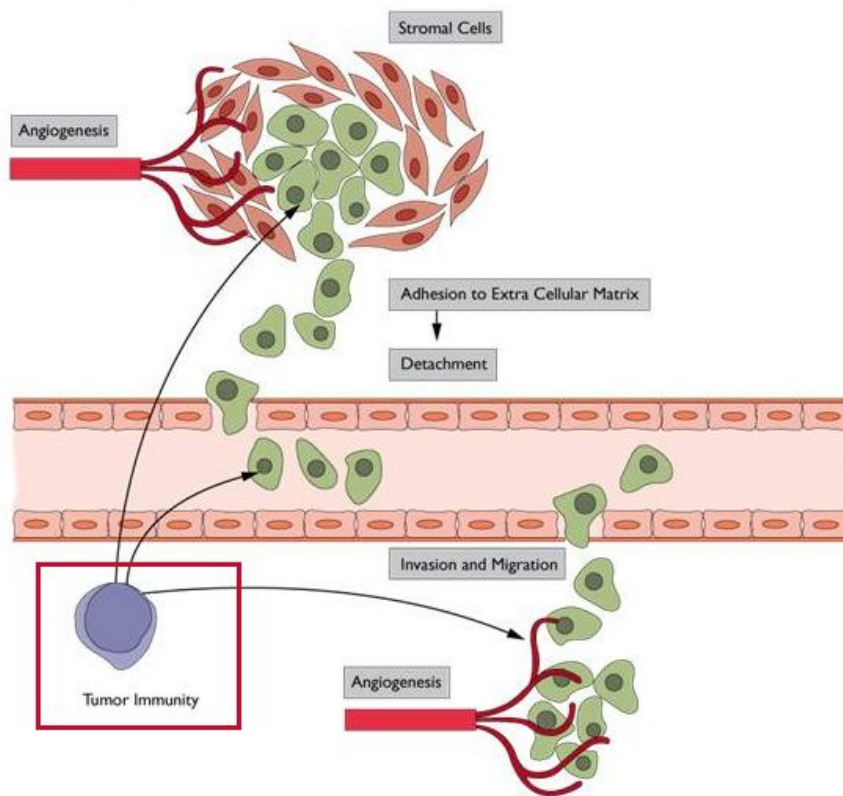
# Competitive Positioning in NASH

General Mechanism	Examples	Comments
Treat Diabetes and Insulin Resistance	<ul style="list-style-type: none"> <li>• Pioglitazone</li> </ul>	<ul style="list-style-type: none"> <li>• Failed to achieve significant endpoints in phase II and phase III clinical trials</li> </ul>
Inhibit Lipid Metabolism	<ul style="list-style-type: none"> <li>• Aramchol</li> <li>• Colesevelam</li> </ul>	<ul style="list-style-type: none"> <li>• Cholesterol inhibition, no clinical results; weak mechanism</li> <li>• Intestinal bile salt binder, no clinical results, weak mechanism</li> </ul>
Modulate the Immune System	<ul style="list-style-type: none"> <li>• EGS21 (Enzo)</li> <li>• Pentoxifylline</li> </ul>	<ul style="list-style-type: none"> <li>• Abandoned after phase II trial</li> <li>• Non significant phase III results</li> </ul>
Protease Inhibition	<ul style="list-style-type: none"> <li>• GS-9450 (Gilead)</li> </ul>	<ul style="list-style-type: none"> <li>• Liver Tox: abandoned (caspase inhibitor)</li> </ul>
Anti-Oxidant	<ul style="list-style-type: none"> <li>• MND-21 (Mochida)</li> <li>• Cysteamine (Raptor)</li> </ul>	<ul style="list-style-type: none"> <li>• Omega-3 fatty acid (phase II trial)</li> <li>• Increase glutathione in liver cells (phase II)</li> </ul>

**GR-MD-02:** Most attractive mechanism: multiple sites of action in disease  
 Independent of glucose or lipid metabolism  
 Reverses established fibrosis  
 Strong safety profile: Little chance of toxicity

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# The Vast Majority of Cancers Secrete Large Amounts of Galectins Which Have Multiple Roles in Tumor Pathogenesis



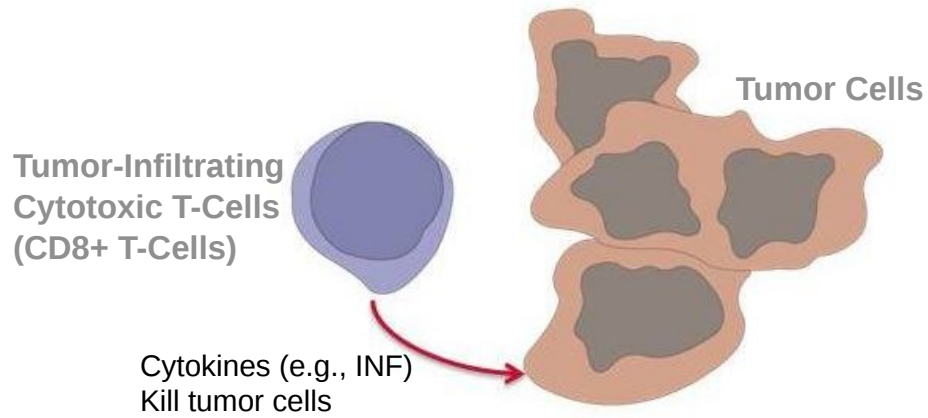
- Tumor cell invasion: extracellular matrix adhesion & detachment
- Stromal cell function
- Metastasis: cell invasion and migration
- Angiogenesis
- **Tumor immunity** has recently been shown to be critically affected by galectins

## GM-CT-01 Has Proven Safe in Over 100 Human Subjects and Has Been Shown to Have Effect In Colorectal Cancer



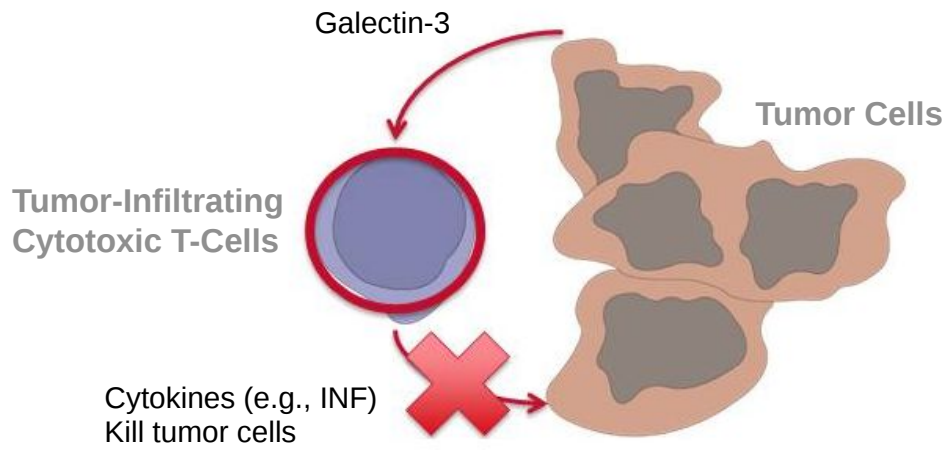
- Phase II trial of 5-FU plus GM-CT-01 in line 3/4 therapy of metastatic colorectal cancer
  - 6.7 months median survival and reduced 5-FU related side effects
  - In similar patients, Erbitux<sup>®</sup> had a 6.1 month survival compared to 4.6 months with no therapy
- FDA confirmed that preclinical and clinical data are adequate to proceed with large clinical trials
- Deferring clinical trials in colorectal cancer to explore new exciting role for galectin inhibitors in **cancer immunotherapy**

## Tumor Infiltrating T-Cells Are Able to Recognize and Kill Tumor Cells



Experiments performed by Dr. Pierre van der Bruggen of the Ludwig Institute in Brussels, Belgium in collaboration with Galectin Therapeutics

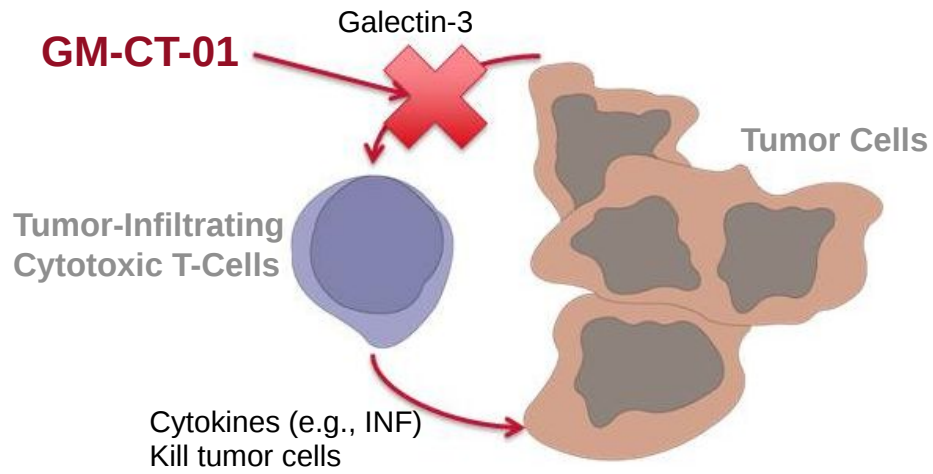
## “Galectins Effect”: Tumors Inactivate Tumor-Infiltrating T-Cells Through Secretion of Galectin-3 Which Coats Surface of T-Cells and Alters Receptor Function



Experiments performed by Dr. Pierre van der Bruggen of the Ludwig Institute in Brussels, Belgium in collaboration with Galectin Therapeutics



## GM-CT-01 Blocks the “Galectins Effect” and the Restores the Ability of Tumor-Infiltrating T-Cells to Kill Tumor Cells

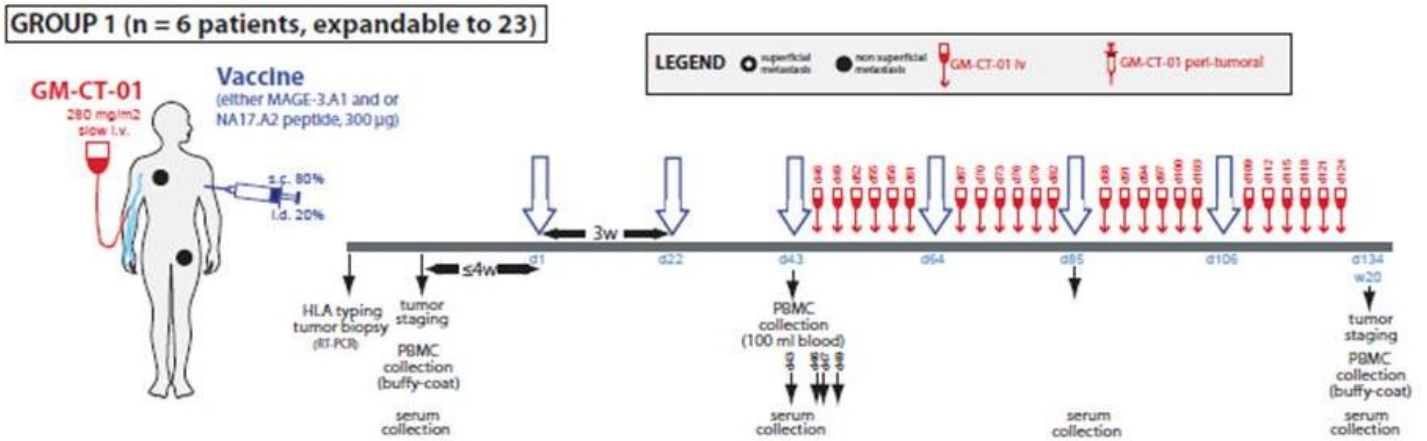


Experiments performed by Dr. Pierre van der Bruggen of the Ludwig Institute in Brussels, Belgium in collaboration with Galectin Therapeutics

# Melanoma “Proof of Concept” Clinical Trial Design

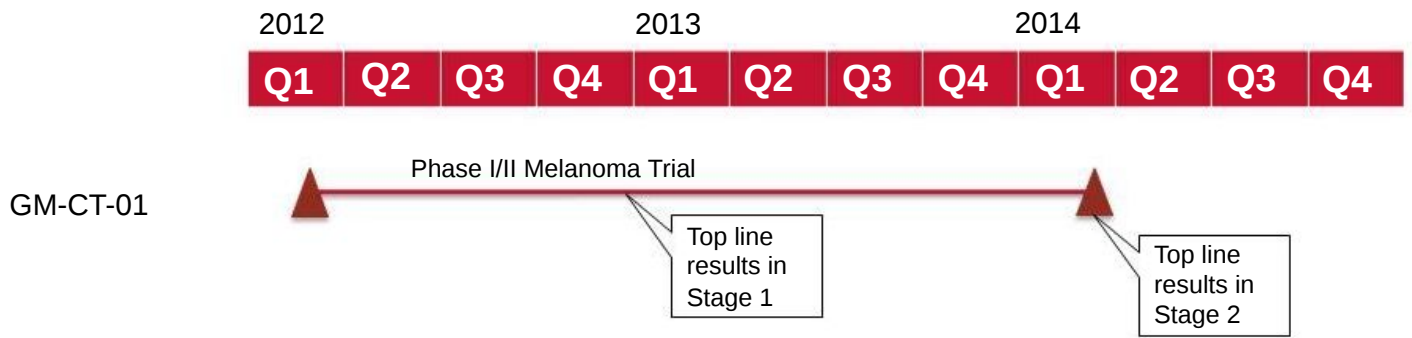
Phase I/II study of peptide vaccination associated with GM-CT-01 in patients with advanced metastatic melanoma

IMPD approved by EMA



Group 2 patients have additional injection of GM-CT-01 in cutaneous tumors

# Tumor Immune Enhancement Development Program



## Preclinical Efficacy Studies

Efficacy in immune competent mice with syngeneic tumors

Pursue Partnering Discussions

# Competitive Positioning In Tumor Immunotherapy

- Market for tumor vaccines is expected to grow to \$7B by 2015. If ipilimumab (Yervoy, BMS) is included, market is even larger.
- Blocking the “Galectin Effect” would be synergistic with all types of tumor vaccines or immune stimulatory approaches.
- In this regard, competition will come from other galectin-blockers. While there are several companies exploring galectin inhibitors, they are early in development or have disadvantages related to our drugs.
- Galectin Therapeutics is best positioned with a human trial in cancer immunotherapy using a demonstrated safe drug.

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## SUMMARY

<p><b>Novel Mechanism &amp; Compounds</b></p>	<ul style="list-style-type: none"> <li>• First in class, proprietary compounds that inhibit galectin proteins.</li> <li>• Novel class of safe, complex carbohydrate drugs.</li> <li>• Strong patent position; Own 100% of commercial rights.</li> </ul>
<p><b>Large Market Opportunities</b></p>	<ul style="list-style-type: none"> <li>• NASH and liver fibrosis indications would be first therapies for completely unmet medical needs, representing a multi-billion dollar market.</li> <li>• Enhanced immune killing of cancer cells is synergistic with many current and experimental therapies, expected to be a \$7 billion market by 2015.</li> </ul>
<p><b>Near Term Milestones</b></p>	<ul style="list-style-type: none"> <li>• GR-MD-02: IND Dec 2012; Phase I Q1 2013 with results Q3 2013; Phase II results end of 2014.</li> <li>• GM-CT-01: Phase I/II interim results Dec. 2012.</li> </ul>
<p><b>Experienced Management Team and Board</b></p>	<ul style="list-style-type: none"> <li>• Management team has collective experience in multiple biotechnology and large Pharma companies and relevant scientific areas. Can deliver on the program.</li> <li>• Strong Board with experience in large and entrepreneurial companies and pharma/biotechnology. James Czirr, Executive Chair.</li> </ul>