SEC For	m 4 FORM	Л		STA	TES	s se	-CUR	ITIF		EXCH		ОММІ	SSION				
				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL		/AL	
Section 16. Form 4 or Form 5 obligations may continue. See							A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person* OMENN GILBERT S (Last) (First) (Middle)					GALECTIN THERAPEUTICS INC [ GALT ]								eck all applie X Directo Officer	ationship of Reporting Person(s) to Issuer < all applicable) Director 10% Owner Officer (give title Other (specify below) below)			
C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., S				т <u>Е 240</u>		3. Date of Earliest Transaction (Month/Day/Year) 03/25/2021											
(Street) NORCROSS GA 30071 (City) (State) (Zip)					4. 11								Individual or Joint/Group Filing (Check Applicable ne) 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. Transa Date (Month/E						Execution Date			Code (Instr. 5)				Beneficia	es Form ally (D) o Following (I) (Ir	n: Direct or or Indirect E nstr. 4) 0	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V	Amoun	t (A) o (D)	Price	Transact (Instr. 3 a	ion(s)		instit 4)	
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)	ive Conversion Date Execution y or Exercise (Month/Day/Year) if any		3A. Deemed Execution D if any (Month/Day/	Date, Tran Cod		ction Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 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)	
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock option (right to buy) <sup>(1)</sup>	\$2.11	03/25/2021			Α		40,000		(2)	03/25/203	Common Stock	40,000	\$0.00	40,000	D		
Stock option (right to buy) <sup>(1)</sup>	\$2.11	03/25/2021			A		70,000		(3)	03/25/203	Common Stock	70,000	\$0.00	70,000	D		

## Explanation of Responses:

1. The options were issued pursuant to the Galectin Therapeutics Inc. 2019 Omnibus Equity Incentive Plan.

2. Such options vest 100% on March 31, 2022.

3. Such options vest when (i) the Company has received the interim results of its NAVIGATE clinical trial and (ii) makes a public announcement that it has received the interim results.

## **Remarks:**

(1) The reporting person is president and director of Ed Uihlein Family Foundation, a not-for-profit corporation. The reporting person has no pecuniary interest in the shares, however, he shares voting and dispositive power over the shares and, therefore, remains the beneficial owner of the shares solely for the purposes of Section 13(d) of the Securities Exchange Act of 1934.

<u>/s/ Jack W. Callicutt, by power</u>	03/29/2021		
<u>of attorney</u>	03/29/2021		

\*\* 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.