SEC For	m 4 FORM -	4 U	NITEI	O STAT	ES S	SEC	URITIE	S AN	DE	XCHAN	IGE C	OMI	NISSIO	N			
			Washington, D.C. 20549												OMB APPR	OVAL	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			STA		pursual	nt to S	HANGES ection 16(a) 0(h) of the Ir	of the S	ecuriti	es Exchang	e Act of 1		RSHIP	Estim	Number: nated average bu s per response:	3235-0287 rden 0.5	
1. Name and Address of Reporting Person [*] <u>LEWIS JOEL</u>					2. Issuer Name and Ticker or Trading Symbol <u>GALECTIN THERAPEUTICS INC</u> [GALT]								Relationship of Reporting Person(s) to Issuer Check all applicable) X Director V Officer (give title Other (specify				
 (Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240 					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2022								X Officer (give title Unter (specify below) President and CEO				
(Street) NORCROSS GA 30071 (City) (State) (Zip)				Line) X Form								r Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on					
		Table	I - No	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of	or Ber	nefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				tion 2A. E Exec y/Year) if an		eemed ution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		d (A) or	nd Securi Benefi	ount of ties cially I Following	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(a)			(1130.4)	
Common Stock ⁽¹⁾ 11/15/2					2022			A		14,113	Α	\$1.2	24 654	4,514 ⁽²⁾	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)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			med 4. Transaci Code (In Day/Year) 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date (Month/Day/Year) S			Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Mr. Lewis and Galectin Therapeutics Inc. entered into an employment agreement, dated August 31, 2020, and a Deferred Stock Unit Agreement, dated August 31, 2020, amended on July 25, 2022. Pursuant to these agreements, 80% of Mr. Lewis' compensation will be paid in the form of deferred stock units ("DSUs") in accordance with the terms and subject to the provisions set forth in the Deferred Stock Unit Agreement. The shares of Common Stock being reported herein underly DSUs issued to Mr. Lewis pursuant to the agreements, at a price per share equal to the closing price of the Common Stock on date of the transaction. The DSUs shall be settled in shares of Common Stock as follows: (i) twenty five percent shall be settled on March 1, 2023, (ii) twenty five percent shall be settled on September 1, 2028 and (iii) fifty percent shall be settled on March 1, 2024.

Date

Exercisable

2. Represents shares underlying DSUs and Common Stock.

Jack W. Callicutt, by power of 11/15/2022

attorney

Expiration Date

** Signature of Reporting Person Date

Amount or Number

Shares

of

Title

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).

Code

(A) (D)

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.