FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>LEWIS JOEL</u>				<u>GA</u>	2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT								k all app Direc	licable) tor		Owner		
(Last)	(Fir	rst) (N	∕liddle)											Office belov	er (give title v)	Oth bel	er (specify w)	
C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240				12/3	Date of Earliest Transaction (Month/Day/Year)     12/31/2020      4. If Amendment, Date of Original Filed (Month/Day/Year)							President and CEO  6. Individual or Joint/Group Filing (Check Applicable						
(Street)				-								Line)  X Form filed by One Reporting Person						
NORCR	OSS GA	A 3	0071	_									1	Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution if any		Deemed ecution Date, ny onth/Day/Year)		action (Instr.	4. Securities Acquired (a Disposed Of (D) (Instr. 3 5)			5. Amo Securit Benefic Owned Report	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect			
									v	Amount	(A) (D)	or Pi	rice	Transa	ction(s) 3 and 4)		(34)	
Common Stock <sup>(1)</sup> 01/15/2				5/2021	2021			A		7,610	A	A \$	\$2.19 1		5,021 <sup>(2)</sup>	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)	ve Conversion Date Execution Date, Trans or Exercise (Month/Day/Year) if any Code		Trans Code	action (Instr. 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 Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Beneficial Ownership ect (Instr. 4)				
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## **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. 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, 2023 and (iii) fifty percent shall be settled on March 1, 2024.

2. Represents shares underlying DSUs and Common Stock.

## Remarks:

/s/ Jack W. Callicutt, by power of attorney \*\* Signature of Reporting Person

01/19/2021

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.