FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 1		0540			

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 1																			
Name and Address of Reporting Person* Zordani Richard A. Jr.						2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Zorgani Kichard A. Jl.				GAI	LT]								Director				10% O			
(Last) (First) (Middle)														Office	er (give title /)		Other (below)	(specify		
C/O GAI	LECTIN TI	HERAPEUTICS	INC.			3. Date of Earliest Transaction (Month/Day/Year)														
4960 PE	ACHTREE	INDUSTRIAL	BLVD	O., STE	12/2	12/24/2024														
240					4 If A	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
					,	T. II Americinent, Date of Original Flied (Month/Day/Teal)								Line)						
(Street)	000 0		0071											1		filed by Or		•		
NORCR	OSS GA	A 3	0071												Form Perso	filed by Mo on	ore tha	n One Rep	oorting	
(City)	(St	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5)				5. Amount of Securities Beneficially Owned Following		Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			12/24/20	024				P		10,000	A	\$0.8	164	42	,083		D		
																			as	
																			UTMA	
Common	Stock														2,	,000			custodian for a	
																		minor		
																			child ⁽¹⁾	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	its, ca	alls, v	varra	ants,	optic	ons,	convertib	le se	curitie	s)						
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount 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((Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code V		(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares	1 1						

Explanation of Responses:

1. These shares are held of record by the Reporting Person as custodian for a minor child under the Uniform Transfer to Minors Act. The Reporting Person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for purpose of Section 16 or for any other purpose.

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

12/2<u>6/2024</u>

** 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.