FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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Check this box if no longer subject	STATEM
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	F

## ENT 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>					2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT									(Cl	Relationship of Reporting Person (Check all applicable)     X Director				vner
(Last)	(F	rst) (I	Middle)		GAI	.1 J									X Office below	er (give title v)		Other (s	specify
C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240				3. Date of Earliest Transaction (Month/Day/Year) 07/15/2021									President and CEO						
(Street) NORCR	OSS G.	A 3	0071		4. If A	4. If Amendment, Date of Original Filed (Month						ıy/Yea	ar)	Lin	. Individual or Joint/Group Filing (Check Applicabine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (2	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Exec ay/Year) if any		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			nd Securi Benefi	ties cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A (D	() or ()	Price	Transa	nsaction(s) str. 3 and 4)			(111511.4)			
Common Stock <sup>(1)</sup> 07/15/.					/2021				A		6,435		A	\$2.5	59 237,792 <sup>(2)</sup>			D	
		Tal									osed of, onvertib					d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of	ired r osed ) : 3, 4	Expirati	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	У	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V (A		(A)	(D)			Expiration Date	Title	of	nber ıres					

## **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 07/16/2021 of attorney

\*\* 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.