FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940						
Name and Address of Reporting Person* ELDRED KARY		2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [GALT	5. Relationshi (Check all app	p of Reporting Pe	rson(s) to Issuer			
ELDKED KAKI]	X Dire	ctor er (give title	10% Owne Other (spec			
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/24/2024	belo		below)			

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(Last)	,	irst) HERAPEUTICS	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/24/2024							1		Officer (give title below)		Other (below)	specify	
4960 PEACHTREE INDUSTRIAL BLVD., STE 240				4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	OSS G	A	30071												led by Mor		orting Person One Repo	
(City)	(S	tate)	(Zip)		│ │	10b5- eck this box isfy the affirm	to indic	cate that a t	ransa	ction was m	nade pu	ursuant	to a contr Instruction	act, instructio 1 10.	n or written	plan th	at is intende	d to
		Tab	le I - Non	-Deriva	ative S	ecurities	s Acc	quired,	Disp	osed o	f, or	Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		nership : 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)					
		•	Table II - I (curities .								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date if any (Month/Day/Yea	Date, Transaction Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
													or Number					

Date Exercisable

(2)

(D)

Expiration Date

01/24/2034

Title

Commo Stock

Explanation of Responses:

\$1.72

Stock Option

(right to buy)⁽¹⁾

- 1. The stock options were issued pursuant to the Galectin Therapeutics, Inc. 2019 Omnibus Equity Incentive Plan.
- 2. The options vest 100% on December 31, 2024.

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

of Shares

50,000

\$<mark>0</mark>

02/07/2024

50,000

D

** 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).

01/24/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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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.

(A)

50,000