SEC Form 4	
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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol <u>GALECTIN THERAPEUTICS INC</u> [ GALT	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Prelack Steven			1	X	Director	10% Owner			
(Last)	(First)	(Middle)			Officer (give title below)	Other (specify below)			
	( )	( )	3. Date of Earliest Transaction (Month/Day/Year)						
C/O GALECTIN	N THERAPEUTIC	CS INC.	03/12/2015						
4960 PEACHTREE INDUSTRIAL BLVD., STE 240		L BLVD., STE 240							
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing	(Check Applicable			
(Street)									
NORCROSS	GA	30071			Form filed by One Repo	rting Person			
					Form filed by More than Person	One Reporting			
(City)	(State)	(Zip)							

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported	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(s) (Instr. 3 and 4)		(1150.4)
Common Stock	03/12/2015		A		11,112	Α	\$ <mark>0</mark>	14,048	D	
Common Stock	04/08/2015		A		2,259	Α	\$ <mark>0</mark>	16,307	D	
Common Stock	04/08/2015		A		90,882	Α	\$ <mark>0</mark>	107,189	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and 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(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$7.08	04/08/2015		D			6,168	(1)	06/28/2021	Common Stock	6,168	(2)	0	D	
Stock Option (right to buy)	\$3.59	04/08/2015		D			16,714	(3)	03/28/2023	Common Stock	16,714	(2)	0	D	

#### Explanation of Responses:

1. The option vested as to one-eighth of the shares on June 28, 2011 and thereafter quarterly in seven equal installments beginning August 12, 2011.

2. The option was canceled by mutual agreement of the reporting person and Galectin Therapeutics, Inc. The reporting person received 19,504 shares of restricted common stock, reported in Table 1 of this Form 4 as a part of the April 8, 2015 grant of 90,882 shares, as consideration for the cancellation of options granted on June 28, 2011 and March 28, 2013.

3. The option vested quarterly in eight equal installments beginning on May 12, 2013.

### Remarks:

/s/ Jack W. Callicutt as Power of Attorney for Steven Prelack

07/08/2015

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.