SEC For	m 4 FORM 4	4 U	NITED	) STAT	ES S	SEC	URITIES				IGE C	OMI	MISSIO	N		
Check	this box if no lo	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB APPR	3235-0287		
to Section 16. From 4 or Form 5 obligations may continue. See Instruction 1(b).			0171		pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								_		ated average bui per response:	den 0.5
1. Name and Address of Reporting Person* <u>LEWIS JOEL</u>					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) X Director 10% Owner			
(Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240					3. Date of Earliest Transaction (Month/Day/Year) 03/15/2021								X Officer (give title Other (specify below) below) President and CEO			
(Street) NORCROSS GA 30071 (City) (State) (Zip)					Line) X Foi Foi								ne) X Form	or Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on		
(	(	, ,		n-Deriva	tive S	ecur	ities Acq	uired,	Disp	oosed of,	or Bei	nefici	ally Own	ed		
				Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Securit Benefi	ties cially I Following	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	Transa	ction(s) 3 and 4)		(1130.4)
Common Stock <sup>(1)</sup> 03/15/2					2021	.021		A		6,667	A	\$2	2.5 194,324 <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)	tive Conversion Date Execution ty or Exercise (Month/Day/Year) if any					5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr 3.4	6. Date Exercisable Expiration Date (Month/Day/Year)		e	nd 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

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.

Date Exercisable Expiration Date

and 5)

(A) (D)

2. Represents shares underlying DSUs and Common Stock.

**Remarks:** 

/s/ Jack W. Callicutt, by power 03/16/2021

\*\* Signature of Reporting Person Date

Amount or Number

Shares

of

Title

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).

Code V

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.