FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| ı | Estimated average burden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ٦ | Section 16. Form 4 or Form 5 | | | | | | | | |
|) | obligations may continue. See | | | | | | | | |
| | Instruction 1(b) | | | | | | | | |

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* CZIRR JAMES C | | | | | 2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | ner | |
|---|--|--|---|---------------------------------|---|--------|--|--|--------------------|---------------------------------|--|---|--|--|---|--|---------------------------------------|
| (Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240 | | | | 240 | 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2020 | | | | | | | C 1 | below) | (give title | | Other (s below) | |
| (Street) NORCROSS GA 30071 | | | 30071 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | ′ | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | Transaction te onth/Day/Y | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | ired (A) o nstr. 3, 4 | 4 and Securitie Benefici | | s ally ollowing | Form: (D) or | Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code V | Amour | t (A) | (A) or (D) Price | | Transact | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| | 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/Ye | Code (Instr | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Secui Underly Derivati | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amou or Numb of Share | oer | | | | | |
| Stock option (right to buy) ⁽¹⁾ | \$2.86 | 01/09/2020 | | A | | 30,000 | | (2) | 01/09/203 | Common | 30,0 | 00 | \$0.00 | 30,000 | | D | |

Explanation of Responses:

- 1. The options were issued pursuant to the Galectin Therapeutics Inc. 2019 Omnibus Equity Incentive Plan.
- 2. The options vest 100% on December 31, 2020.

Remarks:

/s/ Jack W. Callicutt, by power of attorney

01/13/2020

** 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.