FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20045

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

OMB APPROVAL

OMB Number: 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

Name and Address of Reporting Person*     LEWIS JOEL						2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [ GALT ]									elationship o eck all applio Directo	able)	g Pers	on(s) to Issi 10% Ow Other (s	ner
(Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240					01/	3. Date of Earliest Transaction (Month/Day/Year) 01/09/2020									below)			below)	lilul-
(Street) NORCROSS GA 30071					. 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable )  X Form filed by One Reporting Person Form filed by More than One Reporting Person				1
(City) (State) (Zip)						tive Securities Acquired, Disposed of, or Benefic													
			le I - Noi						1	Disp	1	-							
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amou Securitie Beneficia Owned F	curities neficially ned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	V	Amount	(	A) or D)	Price	Transact (Instr. 3	tion(s)			
Common Stock 01/09/					9/2020	2020			A		20,455	(1)	A	\$2.86	99,104		D		
		-	Table II -						ired, Di options						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr 8)				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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		expiration vate	Title	O N	Amount or Jumber of Shares					
Stock option (right to	\$2.86	01/09/2020			A		40,000		(3)	0	1/09/2030	Comn		40,000	\$0.00	40,000		D	

## **Explanation of Responses:**

- 1. These restricted shares were issued pursuant to the Galectin Therapeutics Inc. 2019 Omnibus Equity Incentive Plan in lieu of a cash retainer and meeting fees of \$58,500 for 2020. Restrictions on the shares lapse at a rate of 25% at the end of each calendar quarter in 2020.
- $2. \ The \ options \ were \ issued \ pursuant \ to \ the \ Galectin \ The rapeutics \ Inc. \ 2019 \ Omnibus \ Equity \ Incentive \ Plance \ Planc$
- 3. 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.