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GALECTIN Form 4 July 08, 2015	THERAPEUTIC	S INC									
FORM	4		~~~~~							PPROVAL	
Check this box								OMB Number:	3235-0287		
if no long	ar								Expires:	January 31, 2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated			
Section 1 Form 4 or	Section 16. SECURITIES								burden hou	•	
Form 5 obligations may continue Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type F	Responses)										
				2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		GALECTIN THERAPEUTICS INC [GALT]					(Check all applicable)				
(Last)	(First) (N	fiddle)		Earliest Transaction				X_ Director 10% Owner Officer (give title Other (specify			
(Month/Day/Year) Onder (give the below)						below)					
				. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
NORCROS	S, GA 30071								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acc	uired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, i			Code (D)				Securities Beneficially Owned 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	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	03/12/2015			А	11,112	A	\$0	17,186	D		
Common Stock	04/08/2015			А	25,483	А	\$0	42,669	D		
Common Stock								4,947	Ι	By Trust	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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required to respond unless the form displays a currently valid OMB control number.

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. Transactic Code (Instr. 8)	TransactiorDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 8.1	04/08/2015		D	14,815	<u>(1)</u>	06/02/2021	Common Stock	14,815	
Stock Option (right to buy)	\$ 3.59	04/08/2015		D	16,714	(3)	03/28/2023	Common Stock	16,714	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MAULDIN JOHN F C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240 NORCROSS, GA 30071	Х					
Signatures						
/s/ Jack W. Callicutt as Power of Attorney for John F. Mauldin		07/08/2	2015			
**Signature of Reporting Person		Date				

Explanation of Responses:

- * 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).
- (1) The option vested quarterly in eight equal installments beginning September 2, 2011.
- The option was canceled by mutual agreement of the reporting person and Galectin Therapeutics, Inc. The reporting person received (2) 25,483 shares of restricted common stock, reported in Table 1 of this Form 4, as consideration for the cancellation of options granted on
- _____

June 2, 2011 and March 28, 2013.

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.