Edgar Filing: FREEMAN KEVIN D - Form 4

FREEMAN Form 4	KEVIN D										
February 02,	, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMESION	OMB APPROVAL			
	UNITEL	JSIAIES		shington,			INGE C	OWINI55ION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont See Instru	ger 16. 16. 16. 17. 16. 16. 17. 17. 17. 17. 17. 17. 17. 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 30(h) of the Investment Company Act of 1940							Expires: Estimated a burden hour response	•	
1(b). (Print or Type I	Responses)										
FREEMAN KEVIN D Sy			Symbol GALEC	2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [GALT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
INC., 4960	(First) CTIN THERAP PEACHTREE AL BLVD., ST		3. Date of (Month/E 02/01/2	-	ansaction			X_ Director Officer (give t below)	itle10% Othe below)	Owner r (specify	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secu	rities Aca	uired, Disposed of,	or Beneficiall	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Common Stock Common Stock	02/01/2018			Code V P	Amount 2,000	or (D) A	Price \$ 4.0955	(Instr. 3 and 4) 16,000 (<u>1</u>) 22,043	I D	IRA	

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

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
O GALECTIN THERAPEUTICS, INC. 60 PEACHTREE INDUSTRIAL BLVD., STE DRCROSS, GA 30071 Gnatures / Jack W. Callicutt, by power of orney <u>**</u> Signature of Reporting Person	Director	10% Owner	Officer	Other					
FREEMAN KEVIN D C/O GALECTIN THERAPEUTICS, INC. 4960 PEACHTREE INDUSTRIAL BLVD., S NORCROSS, GA 30071	TE 240 X								
Signatures									
/s/ Jack W. Callicutt, by power of attorney	02/02/2018								
**Signature of Reporting Person	Date								
/s/ Jack W. Callicutt, by power of attorney 02/02/2018									

Explanation of nesponses.

* 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).

Includes 6,000 shares that the reporting person previously mistakenly reported as being held directly and which should have been (1) reported as being held indirectly, by the reporting person's IRA.

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.