FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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								ck all app Direc	ficer (give title		10% Ov	vner		
(Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC.						3. Date of Earliest Transaction (Month/Day/Year) 07/31/2023							X			belov	Other (specify below)		
4960 PEACHTREE INDUSTRIAL BLVD., STE 240					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) NORCROSS GA 30071													Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	- No	n-Deriva	tive Se	ecur	ities	Acq	uired, [Disp	osed of	, or I	3enet	icial	ly Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date					Execution y/Year) if any		cution Date,				ties Acquired (I Of (D) (Instr. 3		3, 4 Secu		cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	mount (A)		rice	Report Transa				
Common Stock ⁽¹⁾ 07/31/2						2023			A		12,844	. 1	A :	\$1.5		935,406 ⁽²⁾		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)	2. Conversion or Exercise Price of Derivative Security	recrise (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) Sec Acq (A) Disy of (in the control of the contro				Numl	rative rities ired r osed)	S Derivati Security (Instr. 3					De Se (In	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct or Indii (I) (Inst	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er					

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, amended on July 25, 2022. 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 March 1, 2024.

2. Represents shares underlying DSUs and Common Stock.

<u>Jack W. Callicutt, by power of attorney</u> <u>07/31/2023</u>

** 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.