FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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										k all app Direc	plicable) ctor		Person(s) to Issuer  10% Owner	
(Last)	(Last) (First) (Middle) C/O GALECTIN THERAPEUTICS INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023								X	belov	cer (give title ow) President and		Other (specify below)	
4960 PEACHTREE INDUSTRIAL BLVD., STE 240				4. If Amendment, Date of Original Filed (Month/Day/Year)							')	6. 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					orting	
(City)	(St	ate) (Z	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									olan that is int	ended to				
		Table	l - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execut y/Year) if any		Deemed cution Date, ny nth/Day/Year)				ties Acquired ( I Of (D) (Instr. 3		3, 4 and Sec Be Ow		Amount of ecurities eneficially wned ollowing		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code			v	Amount	(A) or (D)		ice		ted action(s) 3 and 4)				
Common Stock <sup>(1)</sup> 05/31/2					2023			A		12,272	A	\$	1.57	884,166 <sup>(2)</sup>			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)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8) of Sc. Arich (Arich 1997) of Code (Instr. 9) of Code (Instruction		Secu Acqu (A) o Dispo	vative irities ired ir osed ) r. 3, 4	6. Date E Expiratic (Month/D	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Dei Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Number of Shares					ı	

## 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>06/01/2023</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.