FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APPROVAL										
	OMB Number: 3235-0287 Estimated average burden										
	houre per reenonee	. 0.5									

Instruc	tion 1(b).			Filed	l pursua or Se	nt to S ction 3	ection 0(h) o	16(a) of the li	of the Senvestmer	ecuriti nt Cor	es Exchang npany Act o	ge Act of of 1940	of 1934			liouis	s per re	2300130.	0.0
1. Name and Address of Reporting Person* <u>LEWIS JOEL</u>					2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC GALT								Relationship of Reporting Perso (Check all applicable)     X Director				rson(s) to Is		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023								X	Office	,	below)				
C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240					4. If Amendment, Date of Original Filed (Month/Day/Year)							)	President and CEO  6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NORCROSS GA 30071											X	X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(St	ate) (2	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	I - Non	-Deriva	tive S	ecur	rities	Acq	uired,	Dis	posed of	f, or E	Benefi	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,		, 4 and Secur Benef Owne		ities Fo icially (D d Following (I)		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
				Code			v	Amount	(A) (D)	or Pr	ice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock <sup>(1)</sup> 03/31/				/2023		A		9,175	A	<b>A</b>   9	\$2.1	839,614(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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		Transaction of		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amou Secur Unde Deriv	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of Privative Curity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
													Amou	nt					

## **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 September 1, 2028 and (iii) fifty percent shall be settled on March 1, 2024.

Exercisable

(D)

2. Represents shares underlying DSUs and Common Stock

Jack W. Callicutt, by power of 04/03/2023 attorney

Number

Shares

Title

\*\* 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).

Code

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.