Edgar Filing: CALLICUTT JACK W - Form 4

CALLICUT	Г ЈАСК W										
Form 4 June 04, 201	0										
									OMB AF	PPROVAL	
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check the		8,					Expires:	January 31,			
if no long subject to Section 1 Form 4 o	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.5				
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 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> CALLICUTT JACK W			2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	[GALT] 3. Date of Earliest Transaction Director				Director	10% Owner			
INC., 4960	CTIN THERAI PEACHTREE AL BLVD., ST		(Month/D 05/31/20	-				XOfficer (give below) Chief I	title Othe below) Financial Office	er (specify er	
(Street) 4. If				iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NORCROS	S, GA 30071								Iore than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
(Instr. 3) any		ar) Executio any		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	05/31/2018			M <u>(1)</u>	46,651	A	\$ 0.87	47,911	D		
Common Stock	05/31/2018			S <u>(1)</u>	46,651	D	\$ 5	1,260	D		

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

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 control number.

Edgar Filing: CALLICUTT JACK W - Form 4

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. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 5 ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option (right to buy)	\$ 0.87	05/31/2018		M <u>(1)</u>	46,651	(2)	12/03/2026	Common Stock	46,651	

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
CALLICUTT JACK W C/O GALECTIN THERAPEUTICS, INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 24 NORCROSS, GA 30071	40		Chief Financial Officer				
Signatures							
/s/ Jack Callicutt 06/04/2018							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** 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 reported transaction was made pursuant to a Rule 10b5-1 plan adopted by the reporting person on February 28, 2018.

(2) The options vested as follows: 25% on December 3, 2016, the grant date; 25% on July 1, 2017; and 50% on December 31, 2017.

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.

**Signature of

Reporting Person