Edgar Filing: TRABER PETER G - Form 4

TRABER F	PETER G										
Form 4											
May 25, 20	12										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSI								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287			
Check t				8	,			Expires:	January 31,		
if no lo		MENT OF	CHAN	NGES IN BENEFICIAL OWNERSHIP OF				י ה	2005		
Subject to STATEMENT OF CHAI			SECURITIES					Estimated average burden hours per			
Form 4 or						response	response 0.5				
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
may con				•	•	• •	of 1935 or Secti	on			
See Inst	ruction	30(h)	of the In	ivestmen	t Compar	ny Act of 1	940				
1(b).											
(Print or Type	(Responses)										
(
1. Name and	Address of Reporting	Person *	2. Issue	er Name an	d Ticker or	Trading	5. Relationship	of Reporting Per	rson(s) to		
TRABER	PETER G		Symbol			U	Issuer				
-			GALECTIN THERAPEUTICS INC				(Check all applicable)				
			[GAL]]			(Chi	еск ап аррпсаві	e)		
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction		_X_ Director	109	% Owner		
			(Month/	Day/Year)			X Officer (gi below)	ve title Oth below)	ner (specify		
	ECTIN THERAPE		05/23/2	2012			· · ·	EO and Presiden	t		
	ELLS AVENUE,	SUITE									
34											
(Street) 4. If Am			endment, Date Original			6. Individual or	6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Yea	ur)		Applicable Line)	. One Deporting D	1040.00		
NEWTON	, MA 02459						_X_ Form filed by Form filed by	More than One R			
INE W I UN	, MA 02439						Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deeme	d	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)			onAcquired		Securities	Form: Direct	Indirect		
(Instr. 3)				CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		Beneficially Owned	(D) or Indirect (I)	Ownership			
		(110111112)	<i>j, 1001)</i>	(instit o)	(11154170)	· (110 C)	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	((()))				
Reminder: Re	port on a separate line	e for each cla	uss of sec	urities bene	ficially ow	ned directly of	or indirectly.				
	1										

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) Disposed of (I (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) A) or C(D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	0) Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 2.08	05/23/2012		А	420,000	<u>(1)</u>	05/23/2022	Common Stock	420,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TRABER PETER G C/O GALECTIN THERAPEUTICS, INC. 7 WELLS AVENUE, SUITE 34 NEWTON, MA 02459	Х		CEO and President				
Signatures							
/s/ Maureen E. Foley, Attorney-in-Fact for Traber	05/25/2012						
** Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).
- (1) The options vest as follows: 120,000 on May 23, 2012 (date of grant), and 100,000 on the first, second and third anniversaries of the date of grant.

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.