Edgar Filing: FREEMAN KEVIN D - Form 4/A

| FREEMAN | KEVIN D | | | | | | | | | | | |
|---|---|---|------------|------------------------------------|-------------|------------------------|-----------|---|------------------------|-------------------|--|--|
| Form 4/A | | | | | | | | | | | | |
| July 19, 201 | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | т | PPROVAL | | | | |
| | UNITED | SIAILO | | | | | IUCE | | OMB Number: | 3235-0287 | | |
| Check th | | Washington, D.C. 20549 | | | | | | Expires: | January 31, | | | |
| if no longer subject to STATEMENT OF | | | | CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | Estimated average | | |
| Section 16. SECU | | | | SECUE | RITIES | | | | burden hours per | | | |
| Form 4 o Form 5 | Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | A . 61004 | response | . 0.5 | | | |
| obligatio | | | | | | | | of 1935 or Section | \n | | | |
| may con | unue. | | | nvestment | • | - | • | |)11 | | | |
| <i>See</i> Instr 1(b). | ruction | 00(11) | | | . compu | | | | | | | |
| | | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| 1 Name and a | Address of Reporting | Person * | 2 I.com | n Nama an | I Tieker or | Tradi | 20 | 5. Relationship o | f Reporting Pe | rson(s) to | | |
| FREEMAN | 2. Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [GALT.OB] | | | | ng | Issuer | | | | | | |
| | | | | | S INC | (Check all applicable) | | | | | | |
| | | | | | | | | | | | | |
| (Last) | (First) (| Middle) | 3. Date of | of Earliest T | ransaction | | | _X_ Director | | % Owner | | |
| ~ ~ ~ ~ ~ ~ | | | | Day/Year) | | | | Officer (give below) | e title Oth below) | ner (specify | | |
| | CTIN THERAPU | | 06/02/2 | 2011 | | | | | | | | |
| 11NC., 7 WE | ELLS AVENUE, | SUITE | | | | | | | | | | |
| | (Street) | | 4. If Am | endment, D | ate Origina | ıl | | 6. Individual or J | oint/Group Fili | ng(Check | | |
| | | | | Filed(Month/Day/Year) | | | | Applicable Line) | | | | |
| | | | 06/06/2 | 06/06/2011 | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| NEWTON, | MA 02459 | | | | | | | Person | | aponing | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-I | Derivative | Secur | rities A | cquired, Disposed o | of, or Beneficia | ally Owned | | |
| 1.Title of | 2. Transaction Date | 2A. Deem | ed | 3. | 4. Securit | ies | | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | | Code Disposed of (D) E | | | | Form: Direct | | | | |
| (Instr. 3) | | | | | | | | | (D) or Indirect (I) | Ownership | | |
| | | `` | | . , | | | | 0 | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported Transaction(s) | | | | |
| | | | | Code V | Amount | or | Drigg | (Instr. 3 and 4) | | | | |
| | | | | Code V | Amount | (D) | Price | | | | | |
| Reminder: Rep | port on a separate line | e for each cl | ass of sec | urities bene | ficially ow | ned di | rectly o | 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.

 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. Transact Code (Instr. 8) | 5. Number of actionDerivative Securities 8) 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) | |
|---|---|---|---|--------------------------------------|---|-----|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (right to buy) | \$ 1.35 <u>(2)</u> | 06/02/2011 | | А | 88.888 (2) | | <u>(1)</u> | 06/02/2021 | Common Stock | 88,888 (2) |

Reporting Owners

| Reporting Owner Name / Address | Kelationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| FB | Director | 10% Owner | Officer | Other | | | |
| FREEMAN KEVIN D C/O GALECTIN THERAPUTICS INC. 7 WELLS AVENUE, SUITE 34 NEWTON, MA 02459 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Maureen E. Foley, Attorney-in-Fact fo Freeman |). | 07/1 | 19/2011 | | | | |
| **Signature of Reporting Person | | 1 | 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 option vests quarterly in eight equal installments beginning September 2, 2011.
- (2) This amended Form 4 corrects the exercise price (increase) and the number of shares (decrease) subject to the option so as to be consistent with the terms of the 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.