Edgar Filing: GLYCOMIMETICS INC - Form 4

GLYCOMIN	AETICS INC										
Form 4											
February 12,	2016										
FORM	14									PPROVAL	
	UNIII	ED STATE:		ITIES A hington,			IGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long	ter.								Expires:	January 31,	
subject to		EMENT O	F CHAN	F CHANGES IN BENEFICIAL OWNERSHIP					Estimated a	2005 Iverage	
Section 16.				SECUR	SECURITIES				burden hours per		
Form 4 or Form 5			Casting 1	$(\cdot) = f \cdot i \cdot$	G		. 1	· A · + · £ 1024	response	0.5	
obligation		-					-	e Act of 1934, 1935 or Section	n		
may cont	inue.) of the In	•	•	• •			11		
See Instru 1(b).	iction	50(11)) of the m	vestment	compan	y 1100	01 174	10			
(Print or Type F	Responses)										
		*								<i>(</i>)	
TOP FRANKLIN H JR Symbol				2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]				5. Relationship of Reporting Person(s) to Issuer			
			-					1000001			
						[UL I	C	(Chec	k all applicable)	
(Last)	(First)	(Middle)		Earliest Tra	ansaction			V D.	100	0	
				Month/Day/Year))2/05/2016				X_ Director 10% Owner Officer (give title Other (specify			
	MEDICAL C		02/03/20	510				below)	below)		
DRIVE											
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	g(Check	
· · · · · · · · · · · · · · · · · · ·			onth/Day/Year)				Applicable Line)				
								X Form filed by C			
ROCKVILL	.E, MD 20850)						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction			3.	4. Securit			5. Amount of	6. Ownership		
Security	(Month/Day/Year) Execution Date, if							Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	· /	Beneficial Ownership		
		×	, ´,					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				a 1 b		or	D .	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$,			
Stock	02/05/2016			М	11,689	А	, 1.12	12,294	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.

 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) 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
Stock Option (right to buy)	\$ 1.12	02/05/2016		М	605	<u>(1)</u>	09/20/2016	Common Stock	605
Stock Option (right to buy)	\$ 1.12	02/05/2016		М	11,084	(2)	01/04/2021	Common Stock	11,084

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
TOP FRANKLIN H JR C/O GLYCOMIMETICS, INC. 9708 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	Х							
Signatures								
/s/ Brian F. Leaf, Attorney-in-fact	02/12/2016							
**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) 25% of the shares underlying this option vested on September 20, 2007 and the remaining 75% vested in 36 equal monthly installments thereafter.
- (2) 25% of the shares underlying this option vested on January 4, 2012 and the remaining 75% vested in 36 equal monthly installments thereafter.

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.

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