## Edgar Filing: GALECTIN THERAPEUTICS INC - Form 4

GALECTIN Form 4 July 08, 2015	THERAPEUTIC	S INC									
FORM	SECURITIES AND EXCHANGE C					COMMISSION		PPROVAL 3235-0287			
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	<ul> <li>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES</li> <li>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</li> <li>20(b) of the Investment Company Act of 1040</li> </ul>								Expires: Estimated a burden hou response	ber: res: January 31, 2005 nated average en hours per	
(Print or Type F	Responses)										
FREEMAN KEVIN D Sym			Symbol	ALECTIN THERAPEUTICS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
INC., 4960 I	(First) (N CTIN THERAPE PEACHTREE AL BLVD., STE		3. Date of (Month/Data) (Month/Data) (03/12/20	-	nsaction			X Director Officer (give below)		o Owner er (specify	
	(Street) 4. If Amer Filed(Mont				e Original			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
	S, GA 30071							Person	nore than One Re	porting	
(City)		(Zip)						uired, Disposed of		•	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V		sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/12/2015			А	11,112		\$0	17,112 (1)	D		
Common Stock	04/08/2015			А	10,531	А	\$0	27,643 <u>(1)</u>	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 (9-02) required to respond unless the form displays a currently valid OMB control number.

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 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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ve Expiration Date es (Month/Day/Year) d (A) osed of		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)	\$ 8.1	04/08/2015		D	14,815	(2)	06/02/2021	Common Stock	14,815	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
		10% Owner	Officer	Other			
FREEMAN KEVIN D C/O GALECTIN THERAPEUTICS INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240 NORCROSS, GA 30071	X						
Signatures							
/s/ Jack W. Callicutt as Power of Attorney for Kevin D. Freeman		07/08/	2015				
<u>**Signature of Reporting Person</u>		Da	ate				

## **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).

Amount reported includes shares acquired on June 1, 2015 and previously reported on a Form 4 filed on June 2, 2015. Shares acquired on(1) June 1, 2015 were originally reported as held indirectly by the reporting person, however, such shares are held directly by the reporting person.

- (2) The option vested quarterly in eight equal installments beginning September 2, 2011.
- The option was canceled by mutual agreement of the reporting person and Galectin Therapeutics, Inc. The reporting person received
- (3) 10,531 shares of restricted common stock, reported in Table 1 of this Form 4, as consideration for the cancellation of options granted on June 2, 2011 and March 28, 2013.

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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