Edgar Filing: GALECTIN THERAPEUTICS INC - Form 4

GALECTIN THERAPEUTIC Form 4 January 20, 2017	CS INC									
FORM 4 UNITED								-	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287		
Check this box if no longer subject to STATEN	CHANGES IN BENEFICIAL OWNERSHIP					NERSHIP OF	Expires:	January 31 2005		
Section 16. Form 4 or		SECUR	RITIES	Estimated burden hou response	urs per					
abligations	(a) of the Pu	ıblic U		ding Con	npany .	Act of	e Act of 1934, 1935 or Secti 0			
(Print or Type Responses)										
1. Name and Address of Reporting Person * 2. ZUCCONI THEODORE DANIEL Syn			er Name and		-	-	5. Relationship of Reporting Person(s) to Issuer			
	GALECTIN THERAPEUTICS INC [GALT]					(Check all applicable)				
(Last) (First) (C/O GALECTIN THERAPE INC., 4960 PEACHTREE INDUSTRIAL BLVD., STE	Month/I	te of Earliest Transaction th/Day/Year) 2/2017				_X_ Director Officer (giv below)		% Owner her (specify		
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NORCROSS, GA 30071							Form filed by Person	More than One R	eporting	
(City) (State)	(Zip)	Tab	le I - Non-I	Derivative	Securiti	ties Acqu	uired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		ate, if	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			Se Be Ov Fo Re Tr	Amount of courities eneficially wned ollowing eported ansaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on a separate line	o for on-h-i	a of	Code V		(D) P	rice	str. 3 and 4)			

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)

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. 5. Number Transaction Derivative Code Securities (Instr. 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)8((
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrants (right to buy)	\$ 5.63	01/12/2017		S		2,299	03/28/2012	03/28/2017	Common stock	2,299
Warrants (right to buy)	\$ 5.63	01/13/2017		S		85	03/28/2012	03/28/2017	Common stock	85

Edgar Filing: GALECTIN THERAPEUTICS INC - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
ZUCCONI THEODORE DANIEL C/O GALECTIN THERAPEUTICS, INC. 4960 PEACHTREE INDUSTRIAL BLVD. NORCROSS, GA 30071	, STE 240	X							
Signatures									
Jack W. Callicutt, by power of attorney	01/20/2017	7							
<pre>**Signature of Reporting Person</pre>	Date								
Evaluation of Responses:									

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).

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.