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FREEMAN Form 4														
April 08, 20										ОМ	IB APPROVAL			
FORM	/I 4 UNITED	STATES						COMMISSI	<u> </u>	OMB Jumbe	3235-028	37		
Check the if no lor subject to Section Form 4	nger STATEN to 16.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligatio may cor <i>See</i> Inst 1(b).	ons Section 17(ruction	(a) of the l	Public U		lding Co	mpa	ny Act	nge Act of 193 of 1935 or Sea 940						
(Print or Type	Responses)													
1. Name and FREEMAN	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer								
		GALECTIN THERAPEUTICS INC [GALT]					C (Check all applicable)							
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)						
INC., 4960	ECTIN THERAPE PEACHTREE IAL BLVD., STE		04/05/	2019				below)		below	·)			
NODCDO	(Street)			aendment, D onth/Day/Yea	-	nal		6. Individual Applicable Lin _X_ Form fileo Form filed	e) 1 by One	Reporti				
NORCROS	SS, GA 30071							Person			1 8			
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivativ	e Sec	urities A	cquired, Dispos	ed of, or	Benef	ficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			3. 4. Securities Acqu Transactior(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Pr			d of	Securities Ow Beneficially For Owned Dir Following or I Reported (I) Transaction(s) (Ins (Instr. 3 and 4)		nership Indirect E	7. Nature of Indirect Benefici Ownership (Instr. 4)	al		
Common Stock	04/05/2019			P	Amount 500		\$ 4.73	2,000	Ι		By a limited liability company wholly-owned by Freeman Global Holdings, LLO			
Common Stock								22,043	D					

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Common	
Stock	

16,000 I IRA

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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
1		Director	10% Owner	Officer	Other				
FREEMAN KEVIN D C/O GALECTIN THERAPEUTICS, INC. 4960 PEACHTREE INDUSTRIAL BLVD., ST NORCROSS, GA 30071	E 240	Х							
Signatures									
/s/ Jack W. Callicutt, by power of attorney	04/08/20	019							
**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) Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

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.