Edgar Filing: PRESSLER HERMAN PAUL - Form 4

PRESSLER Form 4 April 26, 201	HERMAN PA	UL								
FORM Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	14 UNITE	EMENT O bursuant to s 7(a) of the	Was F CHAN Section 10	hington, GES IN SECUR 6(a) of th ility Hold	D.C. 20 BENEF UTIES e Securit ding Con	549 ICIA ies E	LOWN Exchange y Act of	COMMISSION NERSHIP OF e Act of 1934, 7 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	
1. Name and Address of Reporting Person <u>*</u> PRESSLER HERMAN PAUL (Last) (First) (Middle)			 Issuer Name and Ticker or Trading Symbol GALECTIN THERAPEUTICS INC [GALT] Date of Earliest Transaction 				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner Officer (give title Other (specify		
	CTIN THERAI LLS AVENUE		(Month/D 04/25/20	-				below)	below)	
NEWTON,	(Street) MA 02459	Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Table	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	spose	d of (D)	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	04/25/2012			Р	5,000	А	\$ 3.103	9,500	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)

/s/ Maureen E. Foley, Attorney-in-Fact for Herman Paul Pressler, III	04/26/2012
**Signature of Reporting Person	Date
Explanation of Responses:	
* If the form is filed by more than one reporting person, <i>see</i> Instruction 4(b)	b)(v).
** Intentional misstatements or omissions of facts constitute Federal Crimin	nal 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. In Potential persons who are to respond to the collection of information containe a currently valid OMB number.	

Director

Х

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4.

Code

(Instr. 8)

Execution Date, if

(Month/Day/Year)

5.

of

Derivative

Securities

Acquired

Disposed

(Instr. 3, 4, and 5)

Date

Exercisable

(A) or

of (D)

Code V (A) (D)

10% Owner Officer Other

Relationships

TransactionNumber

6. Date Exercisable and

Expiration

Date

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

Securities

(Instr. 3 and 4)

Amount or

Title Number

of

Shares

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Own

Follo

Repo

Trans

(Insti

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

1. Title of 2.

Security

(Instr. 3)

Derivative Conversion

or Exercise

Derivative

Reporting Owners

PRESSLER HERMAN PAUL

7 WELLS AVENUE, SUITE 34

Reporting Owner Name / Address

C/O GALECTIN THERAPUTICS INC.

Price of

Security