Edgar Filing: GLYCOMIMETICS INC - Form 4

GLYCOMIN	1ETICS INC										
Form 4											
July 01, 2016	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								-	3235-0287		
Check thi	s box		Was	hington	, D.C. 20	549			Number:		
if no long	or		ЕСНАМ	CEC DI	DENIER				Expires:	January 31, 2005	
subject to		EMENI U	F CHAN				LOW	NERSHIP OF	Estimated a		
Section 10 Form 4 or				SECUR	ATTES				burden hours per		
Form 5		nursuant to	Section 16	5(a) of th	e Securit	ies F	rchano	ge Act of 1934,	response	0.5	
obligation	¹⁸ Section	-					-	f 1935 or Sectio	m		
may conti <i>See</i> Instru	inue.		of the Inv	•	•	· ·					
1(b).	letion				1	•					
(Print or Type R	Responses)										
1 NT 1 A		· ъ *						5 D L (* 1 *	CD ('D	() (
			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Dalawin Joh			Symbol		ICS INC						
						[UL	ICJ	(Cheo	ck all applicable	e)	
(Last)				Earliest Transaction				V Director 100 Ormer			
C/O GLYCOMIMETICS, (Month/Database) (Mon			-				X_ Director 10% Owner Officer (give title Other (specify				
	MEDICAL CH		00/29/20	/10				below)	below)		
DRIVE											
	(Street)		4 If Amer	ndment D	ate Origina			6 Individual or L	oint/Group Filiu	ng(Check	
· · · · · · · · · · · · · · · · · · ·			ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
					,			_X_ Form filed by			
ROCKVILL	.E, MD 20850)						Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Securi	ties Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties A	cauired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Execution	on Date, if Transaction(A) or Disposed of					Securities	Form: Direct		
(Instr. 3)		any (Month)	Code (D)			Beneficially	(D) or Indirect (I)	Beneficial			
		(Monun/	Day/Year) (Instr. 8)		(Instr. 3, 4 and 5)				Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common Stock	06/29/2016			М	605	А	\$ 1.12	1,210	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)

Reporting Owners

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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. Transactic Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date tive (Month/Day/Year) ies ed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.12	06/29/2016		М	605	<u>(1)</u>	09/20/2016	Common Stock	605	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Baldwin John J. C/O GLYCOMIMETICS, INC. 9708 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	Х						
Signatures							
/s/ Brian F. Leaf, attorney-in-fact	07/01/2016						
**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).
- One-fourth of the shares underlying this option vested on September 20, 2007, and the remaining shares vested in 36 equal monthly (1) 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.