#### Edgar Filing: Shlevin Harold H. - Form 4

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Form 4											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	PROVAL 3235-0287			
Check th if no lon subject t Section 7 Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed put tinue.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 30(h) of the Investment Company Act of 1940								Expires:January 31, 2005Estimated average burden hours per response0.5	
(Print or Type	Responses)										
Shlevin Harold H. S			21 issuer i kunte und i frener of frauing				I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(N				3. Date of Earliest Transaction				Director 10% Owner X Officer (give title Other (specify below) below) Chief Operating Officer			
				onth/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			
(City)	(State)	(Zip)	Tab	la I. Nan I	Dominationa	Second		Person	or Donoficial	w Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem	ed Date, if	le I - Non-Derivative Securities Acq 3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/12/2018			Code V S(1)	Amount 12,780	(D) D	Price \$ 6.5	5,374	D		
Common Stock	06/13/2018			M <u>(1)</u>	25,544	А	\$0	30,918	D		
Common Stock	06/13/2018			S <u>(1)</u>	30,918	D	\$ 7.7921 (3)	0	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)

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 onDerivative Securities 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 3.45	06/13/2018		M <u>(1)</u>	25,544	<u>(2)</u>	01/29/2025	Common Stock	25,544

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Shlevin Harold H. C/O GALECTIN THERAPEUTICS, INC. 4960 PEACHTREE INDUSTRIAL BLVD., STE 240 NORCROSS, GA 30071			Chief Operating Officer			
Signatures						

/s/ Jack W. Callicutt, by power of attorney 06/14/2018

<u>\*\*</u>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) The reported transaction was made pursuant to a Rule 10b5-1 plan adopted by the reporting person on March 12, 2018.
- (2) The options vested as follows: 25% on January 29, 2015, the grant date, with the remainder vesting ratably on a monthly basis over a three year period.

The shares were sold in multiple transactions at prices ranging from \$6.52 to \$8.00. This amount represents the weighted average sale(3) price of such transactions. The reporting person undertakes to provide full information regarding the number of shares sold at each separate price upon request by the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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