FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

7		
	OMB APPRO	OVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Winslow Garrett	2. Date of Event Requiring Statement (Month/Day/Year) 05/03/2021 3. Issuer Name and Ticker or Trading Symbol Galecto, Inc. [GLTO]										
C/O GALECTO, INC. OLE MAALOES VEJ 3 (Street) COPENHAGEN N	DK-2200			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) General Co	10% C Other below)	wner (specify	A Person	int/Group Filing e Line) by One Reporting by More than One			
(City) (State) (3	Zip)										
Table I - Non-Derivative Securities Beneficially Owned											
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1. Title of Security (Instr. 4)	iai	Sic 1 - IVOII	2 E	2. Amount of Securities Beneficially Owned (Instr. I)	3. Owner Form: E (D) or In (I) (Insti	ership 4 Direct C	l. Nature of Indire Ownership (Instr.				
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Title of Security (Instr. 4) Title of Derivative Security (Instr. 4)	(e.g.,	「able II - D	erivative S, warrar	2. Amount of Securities Beneficially Owned (Instr. I) Securities Beneficia	3. Owner Form: [(D) or Ir (I) (Instributed Securities	ership 4 Direct C ndirect r. 5)	5. Ownership				

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Garrett Winslow

05/11/2021

** Signature of Reporting

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.