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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP
STATEMENT	UГ	CHANGES	IIN	DENEFICIAL	OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						JI Seci	uon 30(n)	or the	inves	ument C	ompany A		940							
1. Name and Address of Reporting Person [*] Freve Jonathan					2. Issuer Name and Ticker or Trading Symbol Galecto, Inc. [GLTO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Fleve</u>	onathan				1					-					Directo			10% Ov		
					- L										X Officer below)	(give title		Other (s below)	specify	
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								,	hief Fina	ncial				
C/O GA	LECTO, IN	IC.			0	1/04/2	2023								· ·		monun	onicer		
OLE MA	ALOES V	EJ 3																		
					- 4.	If Am	endment, l	Date	of Orig	inal File	ed (Month/	Day/Ye	ear)	6. Ir	dividual or J	oint/Group	o Filing	(Check Apr	licable	
(Street)										•			,	Line)		Ū			
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N 07 DR-2200													Form fi Person	iled by More than One Repo		One Repor	ting			
(City)	(5	State)	(Zip)		-															
(Oity)	(0	,(10)	(21)																	
		Та	ble I - Nor	n-Deri	ivativ	ve Se	ecuritie	s Ac	quir	ed, D	isposed	of, o	or Bei	neficially	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date				nsactio	action 2A. Deemed 3. 4. Securities Acquired (A) Execution Date, Transaction Disposed Of (D) (Instr. 3, 4						5. Amour Securitie				7. Nature of ndirect					
			h/Day/\	Day/Year) if any Code (Inst (Month/Day/Year) 8)							u. 0, 4 unu (Beneficia Owned F	lly (D) o		r Indirect E	Beneficial Ownership				
							ΪΗ		_		(4) or		Reported Transacti	l I	.,		(Instr. 4)			
								C	ode V	Amou	nt	(A) or (D)	Price	(Instr. 3 a						
			Table II -	Deriv	ative	Sec	urities	Aca	uire	d. Dis	posed o	of. or	Bene	ficially	Owned					
											conver									
1. Title of 2. 3. Transaction 3A. Deemed 4.						5. Number of 6. Date Exercisable and 7. Title and Amo						8. Price of	9. Number of		10.	11. Nature				
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da		Fransaction Code (Instr.		Derivative Securities		Expiration Date (Month/Day/Year)				Securiti derlvino		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(month/bay/rear)	(Month/Day/Year)				Acquired (A)		Derivative Sec			Security	(Instr. 5)	Beneficially		Direct (D) Ov	Ownership			
Derivative Security						or Disposed (Instr. 3 and 4) of (D) (Instr.							id 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
			L			3, 4 and 5)								Reported Transaction(s)						
														Amount or		(Instr. 4)				
									Date		Expiratio			Number						
		ļ			Code	v	(A)	(D)	Exer	cisable	Date	Titl	e	of Shares	<u> </u>	<u> </u>			<u> </u>	
Stock Option													mmon							
(right to	\$1.21	01/04/2023			A		115,000			(1)	01/03/203		tock	115,000	\$0.00	115,0	00	D		
buy)							1	1	1						1				1	

Explanation of Responses:

1. 25% of the shares subject to such option vested and became exercisable on January 4, 2024 and the remainder of the shares vest in substantially equal monthly installments for a period of 36 months thereafter, subject to the Reporting Person's continuous service to the Issuer on each such date.

Remarks:

/s/ Lori Firmani, attorney-infact

01/05/2023

** Signature of Reporting Person 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 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).

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.