FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*  King Rachel K.   |  |                  |            |        |   | 2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [ GLYC ] |          |  |  |        |  |                 |                       | 5. Rel<br>(Chec   | k all applic   | onship of Reporting<br>all applicable)<br>Director |  | 10% Ov   | ner   |  |
|--|--|------------------|------------|--------|---|--|----------|--|--|--------|--|-----------------|-----------------------|---|--|--|--|--|---|--|
| (Last)   | ,  | irst) TICS, INC. | (Middle)   |        | 3. Date of Earliest Transaction (Month/Day/Year)  05/18/2022  Officer (give title below)  Other (specify below) |  |          |  |  |        |  |                 |                       |   |  |  | pecify   |  |   |  |
| 9708 MEDICAL CENTER DRIVE  |  |                  |            |        | 4. I1   | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |          |  |  |        |  |                 |                       | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |  |  |   |  |
| (Street)   | ILLE M   | ID               | 20850      |        |   |  |          |  |  |        |  |                 |                       | ,   | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person                              |  |  |  |   |  |
| (City)   | (S   | tate)            | (Zip)      |        |   |  |          |  |  |        |  |                 |                       |   |  |  |  |  |   |  |
|  |  | Tab              | le I - Non | -Deriv | ative   | e Se   | curities | s Ac   | quired, D  | isp    | osed o   | f, or Be        | nefic                 | ially   | Owned  |  |  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D   |  |                  |            |        |   | Execution Date,  |          |  | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)  5) |        |  |                 | ed (A) (<br>tr. 3, 4  | 4 and Securitie Beneficia                                   |  | es For<br>ally (D)<br>Following (I)                |  | : Direct<br>r Indirect<br>str. 4)                                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |                  |            |        |   |  |          | Code   | /  | Amount | (A) or<br>(D)  | Pri             | ce                    | Transact<br>(Instr. 3 a                                     | tion(s)  |  |  | ,  |   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                  |            |        |   |  |          |  |  |        |  |                 |                       |   |  |  |  |  |   |  |
| 1. Title of Derivative Security  1. Title of Conversion or Exercise (Instr. 3)  2. Conversion of Exercise (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year) |  |                  |            | ate, T | 4.<br>Transaction<br>Code (Instr.<br>8)   |  | ı of     |  | 6. Date Exercisable and Expiration Date (Month/Day/Year)                                     |        | 7. Title and Amou<br>of Securities<br>Underlying<br>Derivative Securit<br>(Instr. 3 and 4) |                 | Derivativ<br>Security |   | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Owne<br>Form:<br>Direct<br>or Ind<br>(I) (Ins      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |  |                  |            | c      | ode   | v  | (A)      | Amount or Number of Control of Co |  |        |  |                 |                       |   |  |  |  |  |   |  |
| Stock<br>Option<br>(right to<br>buy)   | \$0.6  | 05/18/2022       |            |        | A   |  | 21,000   |  | (1)  | 0:     | 5/17/2032  | Common<br>Stock | 21,0                  | 000   | \$0.00   | 21,00  | 0  | D  |   |  |

## **Explanation of Responses:**

1. The shares underlying this option vest on May 18, 2023, subject to the reporting person's continuous service as of such vesting date.

## Remarks:

/s/ Brian F. Leaf, attorney-in-05/20/2022

fact

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).