| SEC Form 4 FORM 4 | | ο σται | FS 9 | SECURITIES | ς ανι |) E | XCHANO | SE CO | | SION | | | |
|--|------------|----------|--|---|---|-----------------------|---------------------------------------|--|--|--|----------|---|---|
| | 0.77 | 20 0 | Washing | | | | | ∏ ∎ | OMB APPROVAL | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | pursua | E CHANGES nt to Section 16(a) of ction 30(h) of the In | of the Se | curitie | es Exchange / | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person Andrews Patricia S | | | er Name and Ticke COMIMETI | | | | | 5. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10% O | | | | | |
| (Last) (First) | (Middle) | | | e of Earliest Transa //2023 | ction (Mo | onth/D | 0ay/Year) | | Officer (give title Other (s below) below) | | | | |
| C/O GLYCOMIMETICS, INC. 9708 MEDICAL CENTER DRIVE | | | | nendment, Date of | (Month/Day/Y | 6. Indi Line) X | · · · · · · · · · · · · · · · · · · · | | | | | | |
| (Street) ROCKVILLE MD | • | | | | Form filed b Person | | | | | | | | |
| (City) (State) | (Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | |
| Ta | ble I - No | n-Deriva | tive S | ecurities Acq | uired, | Disp | osed of, c | or Ben | eficially | Owned | | | |
| 1. Title of Security (Instr. 3) Date (Month/L | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Follow Reported | Fo (D | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | (1130. 4) | |
| | | | | curities Acqui | | | | | | Dwned | | | |

| | (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. Transaction Code (Instr. 8) | | 5. Number of Derivative 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 Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$1.98 | 05/19/2023 | | А | | 35,000 | | (1) | 05/18/2033 | Common Stock | 35,000 | \$0.00 | 35,000 | D | |

Explanation of Responses:

1. The shares underlying this option vest on May 19, 2024, subject to the reporting person's continuous service as of such vesting date.

Remarks:

/s/ Brian F. Leaf, attorney-in-05/22/2023 <u>fact</u>

** Signature of Reporting Person Date

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

 \ast 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.