FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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* <u>Thackray Helen M.</u> | | | | 2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC] | | | | | eck all applic Directo | able) | | Owner | | | |
|--|---|------------|---|--|---|--------------|--------|--|---|---|---|---|--|--|--|
| (Last) (First) (Middle) C/O GLYCOMIMETICS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2014 | | | | | | below) | (give title Other (specify below) nical Development, CMO | | n) i i | |
| 401 PROFESSIONAL DRIVE, SUITE 250 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) GAITHERSBURG MD 20879 | | | | | | | | - 1 | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | е | Execution Date, | | Code (Instr. | | | 5. Amour Securities Beneficia Owned For Reported | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code V | Amount | (A) o (D) | r Price | Transacti (Instr. 3 a | on(s) | | (Instr. 4) | |
| 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) | Conversion Date Execution or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | | | 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) | Owners Form: Direct (or Indir (I) (Inst | Beneficial Ownership ct (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Stock Option (right to buy) | \$8 | 01/09/2014 | | A | | 112,692 | | (1) | 01/09/2024 | Common Stock | 112,692 | \$0.00 | 112,692 | 2 D | |

Explanation of Responses:

1. One-fourth of the shares underlying this option vest on January 9, 2015 and the balance of the shares vest in a series of 36 successive equal monthly installments thereafter, subject to the reporting person's continuous service as of each such vesting date.

Remarks:

/s/ Brian F. Leaf, Attorney-in-

01/13/2014

<u>fact</u>

** 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.