SEC For	m 4																					
FORM 4 UNITED					D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ed purs	suant t	to Sec	ction 16(a	a) of	f the Sec	uritie	IEFICI es Exchan		RSHIP			OMB Number:     3235-0287       Estimated average burden        hours per response:     0.5					
1. Name and Address of Reporting Person <sup>*</sup> Koenig Scott					2. Issuer Name and Ticker or Trading Symbol <u>GLYCOMIMETICS INC</u> [ GLYC ]												all applic Directo	able) r	g Pers	son(s) to Issu 10% Ow	ner	
	C/O GLYCOMIMETICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/27/2023											below)	(give title	le Other (spe below)		pecny	
9708 MEDICAL CENTER DRIVE (Street) ROCKVILLE MD 20850															o Filing (Check Applicable e Reporting Person re than One Reporting							
(City)	(S		(Zip)																			
Table I - Non-Deriv.   1. Title of Security (Instr. 3) 2. Transi Date (Month/L)					sactior	ction 2A. Deeme Execution			e, ar)	3. Transaction Code (Instr. 8)		4. Securi	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		ed (A) or tr. 3, 4 an	5. Amour Securitie Beneficia Owned F Reported		nt of 6. Ov es Form ally (D) c Following d tion(s)		n: Direct of r Indirect E Istr. 4) 0	7. Nature of Indirect Beneficial Dwnership Instr. 4)	
Common Stock 01					7/202	23				М		10,50	0	A	A \$2.55		5 15,750		D			
		1	Fable II - I (									osed of, onvertil				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	i Date,	4. Transa	ansaction		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exer piration I lonth/Day	, rcisa Date	ble and 7. Title and Au of Securities		d Amount es J Security	De	. Price of verivative ecurity nstr. 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)	Dat	ate xercisable		xpiration vate	Title	e	Amount or Number of Shares							
Stock Option (right to buy)	\$2.55	01/27/2023			М		10,500			(1)	0	5/17/2031		mmon tock	10,500		\$0.00	0		D		

Explanation of Responses:

1. The shares underlying this option vested on May 18, 2022 and are fully exercisable.

Remarks:

## <u>/s/ Brian F. Leaf, attorney-in-</u> <u>fact</u>

01/30/2023

\*\* 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.