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
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruc	tion 1(b).			File	ed purs or	suant t Section	o Section on 30(h) c	n 16(a of the	a) of the Sec Investment	urities Exchar Company Act	nge Act of 1 of 1940	934		liouis	pc: rc.		0.0
1. Name and Address of Reporting Person* Jackson Scott Thomas					2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024							r (give title Othe		Other (s below)	·	
C/O GLYCOMIMETICS, INC. 9708 MEDICAL CENTER DRIVE				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) ROCKVILLE MD 20850											Form filed by More than One Reporting Person				I		
					Ri	ule 1	10b5-	5-1(c) Transaction Indication									
(City)	(S	tate)	(Zip)	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.								l to					
		Tab	le I - No	n-Deriv	ativ	e Sec	curities	s Ac	quired, D	isposed o	of, or Be	neficial	ly Owned	ı			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date		Code (Instr. 5)		ed (A) or str. 3, 4 and	5. Amou Securitie Benefici Owned F Reporte	s Form ally (D) or ollowing (I) (In:		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	/ Amount	(A) o (D)	r Price	Transact (Instr. 3	tion(s)			(Instr. 4)	
		-								sposed of , converti			Owned				
1. Title of Derivative Security (Instr. 3)	e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		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					

Explanation of Responses:

\$1.62

Stock Option (right to

buy)

1. The shares underlying this option vest on May 1, 2025, subject to the reporting person's continuous service as of such vesting date.

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

40,000

\$<mark>0</mark>

04/30/2034

Common

05/01/2024

40,000

D

** 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).

05/01/2024

** 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.

40,000