FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

									,			_	j ,									
1. Name and Address of Reporting Person* Thackray Helen M.						2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					15	OLI COMMETICO MC [GLIC]											Direc	ctor		10% O	wner	
						Date of Earliest Transaction (Month/Day/Year)											Office	er (give title w)		Other (below)	(specify	
(Last)	((First)	(1	Middle)					est Trans	saction	ı (Mon	In/L	Jay/ Year)					SVP	Clinical De	مروام	nment C	MΩ
C/O GLYCOMIMETICS, INC.					03/	05/25/2017										SVP Clinical Development, CMO						
9708 MEDICAL CENTER DRIVE																						
5700 WEDIGHE GERTER DRIVE				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
					" "	4. If Americanent, Date of Original Filed (Month/Day/Teal)										Line)						
(Street)		MD	,	0050													X	Form	n filed by One	e Repo	orting Pers	on
ROCKV	ILLE .	MD	2	20850														Form	n filed by Moi	re than	n One Rep	ortina
						1												Pers				
(City)	((State)	(2	Zip)																		
			Tabl	e I - Nor	n-Deriv	ative	Se	curiti	es Ac	quire	ed, D	isp	osed o	of, c	or Ben	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar)	Executi if any	A. Deemed Execution Date, f any Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr. 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Co	Code V Amo		Amount	ount (/		Price	,	Transa	ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 05/25/						/2017	7				(1)		2,000)	D	D \$15		.57 152,615			D	
			Ta	ble II - E														vned		i e		
				(e.g., pı	uts, c	alls	s, wai	rants,	opti	ions,	CO	onvertib	le :	securi	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month	saction /Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of r. Der Sec Acc (A) Dis of (of		te Exer ration D th/Day/	ate		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	, D (I	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	(A) (D)		Date Exerc	Date Exercisable		Expiration Date	Tit	Amount or Number of Title Shares							

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b-5 trading plan adopted by the reporting person on May 31, 2016.

Remarks:

/s/ Brian F. Leaf, Attorney-in-05/30/2017

<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.