FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATE

## MENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  JUNIUS DANIEL M					2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [ GLYC ]								Relationship neck all appli X Direct	cable) or	g Pers	10% Ov	vner		
	COMIME	TICS, INC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/17/2019 Officer (g below)											Other (s below)	specify		
9708 MEDICAL CENTER DRIVE				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ILLE M	ID	20850										X Form	filed by Mor		orting Person orting Repon			
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				. Transaction ate Month/Day/Y	Execution Date,			Code (Instr. 5)			ed (A) or tr. 3, 4 an	Benefici	es Form ially (D) ( Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	,	Amount	mount (A) or (D)		Transac	saction(s) r. 3 and 4)			(11150.4)			
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Code	ansaction of ode (Instr. Derivative			Expiration Date of S (Month/Day/Year) Und Dei			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)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$12.39	05/17/2019		A		21,000		(1)	05	5/16/2029	Common Stock	21,000	\$0.00	21,000	)	D			

## **Explanation of Responses:**

1. The shares underlying this option vest on May 17, 2020, subject to the reporting person's continuous service as of such vesting date.

## Remarks:

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

**fact** 

\*\* Signature of Reporting Person

Date

05/21/2019

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

- $^{\star}$  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.