## FORM 4

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

Vashing	ton. D	).C. 2	20549

STATEMENT	OF	CHANGES	IN BENE	FICIAL	OWNERSHIP
• · · · · · · · · · · · · · · · · · · ·	•				~

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average b	urden							
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>Hahn Brian M.</u>						2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [ GLYC ]								itionship of all applica Director	able)	g Pers	on(s) to Issu 10% Ov			
(Last)	,	irst) TICS, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/12/2024								X	below)	give title SVP Fina	ance,	Other (s below)	pecify	
9708 MEDICAL CENTER DRIVE						If Ame	endment, [	Date o	f Original F	iled	(Month/Da	ıy/Year)		Indiv	vidual or Jo	oint/Group	Filing	(Check App	licable	
(Street)	ILLE M	ID	20850										X	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		_ R	Rule 10b5-1(c) Transaction Indication  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.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Trans. Date (Month/It				2A. Deemed Execution Date if any (Month/Day/Yea		Date,	Code (Instr.			4 and 5) Securitie Beneficia Owned F		Forn lly (D) ( ollowing (I) (II		m: Direct I or Indirect I Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	Price	,	Reported Transaction (Instr. 3 au	on(s) nd 4)			(Instr. 4)	
			Table II -						uired, Di , option					y O	wned					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, T ecurity or Exercise (Month/Day/Year) if any				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amof Securities Underlying Derivative Secu (Instr. 3 and 4)			ties ig e Security	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Share			(Instr. 4)				
Employee Stock Option (right to buy)	\$3.11	01/12/2024			A		250,000		(1)	0	1/11/2034	Common Stock	250,00	00	\$0.00	250,00	00	D		

## **Explanation of Responses:**

1. 25% of the shares underlying this option will vest on January 12, 2025 and the remaining shares will vest in equal monthly installments over 36 months thereafter, subject to the Reporting Person's continued service with the Issuer through each such vesting date.

## Remarks:

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

\*\* Signature of Reporting Person Date

01/17/2024

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.