SEC F	Form 4
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## LINITED STATES SECURITIES AND EVOLUANCE COMMISSION

FOR	IM 4	UNITEL	J 51A	1E2 2	ECURITIES			-	GE CC		SION				
			Washing	49				OMB APPROVAL							
Check this box if Section 16. Form obligations may o Instruction 1(b).		d pursuar	E CHANGES to Section 16(a) of tion 30(h) of the In	es Exchange		liΡ	Estim	OMB Number: 3235- Estimated average burden hours per response:		3235-0287 n 0.5					
1. Name and Addres <u>Magnani Johr</u>	ss of Reporting Persor <u>1 L.</u>	)* ]			r Name <b>and</b> Ticker			,				able) r	0 (	, 10% Ov	wner
(Last) C/O GLYCOMII 9708 MEDICAL	(First) METICS, INC. CENTER DRIVE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/17/2019							X Officer (give title Other (specify below) SVP of Research, CSO				
(Street) ROCKVILLE	MD	20850		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	,				
(City)	(State)	(Zip)						1 013011							
	Т	able I - Nor	n-Deriv	ative S	ecurities Acq	uired,	Disp	posed of,	or Bene	eficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/I			action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					6. Owner Form: Di (D) or Inc (I) (Instr.	rect lirect 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1150.4)
					curities Acqui lls, warrants, d						wned				
1 Title of 2	2 Transation	24 Deemed		,	, ,					-	0 Duine of	0. Numb	av af 10		11 Neture

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		n Derivative		6. Date Exerc Expiration Da (Month/Day/\	ate	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)	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		(Instr. 4)		
Employee Stock Option (right to buy)	\$10.59	01/17/2019		A		100,000		(1)	01/16/2029	Common Stock	100,000	\$0.00	100,000	D	

Explanation of Responses:

1. One-fourth of the shares underlying this option vest on January 17, 2020 and the balance of the shares vest in a series of 36 successive equal monthly installments thereafter, subject to the reporting person's continuous service as of each such vesting date.

## **Remarks:**

## /s/ Brian F. Leaf, attorney-infact

01/22/2019

Date

\*\* Signature of Reporting Person

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.