FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

obligations may continue. See Instruction 1(b).		
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STATEMENT 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* <u>Thackray Helen M.</u>					2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify				
(Last) (First) (Middle) C/O GLYCOMIMETICS, INC. 9708 MEDICAL CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 01/04/2017							X Officer (give title Other (specify below) SVP Clinical Development, CMO				
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)					4. If Ar	nendment,	Date	of Original File	ed (Month/Da	ay/Year)	Line	X Form f	iled by One	e Repo	(Check App orting Persor One Repor	.
		Tak	le I - Non-	Derivat	ive S	ecuritie	s Ac	quired, Di	sposed c	of, or Be	neficial	y Owned				
Date				2. Transact Date Month/Day	Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S			ed (A) or etr. 3, 4 and	Beneficia	es ally Following	Form	: Direct c r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code V	Amount	(A) oi (D)	Price	Transact (Instr. 3 a	ion(s)			
			Table II - D (e					uired, Dis s, options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year ve	3A. Deemed Execution D if any (Month/Day/	Coc	nsactio le (Inst		ive ies ed ed ed	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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$6.33	01/04/2017		A		75,000		(1)	01/03/2027	Common Stock	75,000	\$0.00	75,000	0	D	

Explanation of Responses:

1. One-fourth of the shares underlying this option vest on January 4, 2018 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:

01/05/2017 Brian F. Leaf, attorney-in-fact

** 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.