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 | STATEMEN |
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| obligations may continue. See Instruction 1(b). | Filed p |

T 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

| Name and Address of Reporting Person* Hahn Brian M. | | | | | | 2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC] | | | | | | | Relationship (eck all applic Directo | cable) or | g Perso | 10% Ow | ner |
|---|--|---------------------|--|----------------------|---|--|--|-----|--|---------------------------|--|--|---|---|---|---|---------------------------------------|
| (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 below) Other (specify below) CFO | | | | |
| (Street) ROCKV | ILLE M | D | 20850 | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5 | - | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non | | | _ | | | quired, Di | - | - | | - | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | ed (A) or tr. 3, 4 and | Beneficia | es Fo ally (D Following (I) | 6. Own Form: (D) or I (I) (Ins | Direct of Indirect It. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | (Instr. 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) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, Transa Code | | | 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 Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i lo | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (right to | \$6.33 | 01/04/2017 | | | A | | 65,000 | | (1) | 01/03/2027 | Common Stock | 65,000 | \$0.00 | 65,000 |) | 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.