## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <sup>*</sup><br>HENOS MICHAEL A          |  |  |                        |  |                                  | 2. Issuer Name and Ticker or Trading Symbol <u>GLYCOMIMETICS INC</u> [GLYC] |                       |                              |   |     |   |                 |  | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner     |   |                     |  |                        |  |
|--|--|--|------------------------|--|----------------------------------|---|-----------------------|------------------------------|---|-----|---|-----------------|--|--|---|---------------------|--|------------------------|--|
| (Last)   | (First) (Middle)   |  |                        |  |                                  | 3. Date of Earliest Transaction (Month/Day/Year)<br>01/09/2014              |                       |                              |   |     |   |                 |  |  | Officer (give title   |                     | Other (s<br>below)   |                        |  |
| C/O GLYCOMIMETICS, INC.<br>401 PROFESSIONAL DRIVE, SUITE 250                     |  |  |                        |  |                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                    |                       |                              |   |     |   |                 |  | 6. Individual or Joint/Group Filing (Check Applicable<br>Line)<br>X Form filed by One Reporting Person |   |                     |  |                        |  |
| (Street)<br>GAITHERSBURG MD 20879  |  |  |                        |  |                                  |   |                       |                              |   |     |   |                 |  | Form filed by More than One Reporting<br>Person  |   |                     |  |                        |  |
| (City)   | (Si  | tate) (                                    | Zip)                   |  |                                  |   |                       |                              |   |     |   |                 |  |  |   |                     |  |                        |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |                        |  |                                  |   |                       |                              |   |     |   |                 |  |  |   |                     |  |                        |  |
| 1. Title of Security (Instr. 3) 2. Transacti<br>Date<br>(Month/Day               |  |  |                        |  | Execution Date,                  |   |                       |                              |   |     | es Acquired (A) or<br>Of (D) (Instr. 3, 4 |                 | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following |  | Form: Direct<br>(D) or<br>Indirect (I)  |                     | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)          |                        |  |
|  |  |  |                        |  |                                  |   |                       |                              | Code  | v   | Amount                                    | (A) or<br>(D)   | Price  | Reported<br>Transact<br>(Instr. 3  | d<br>tion(s)  |                     | . 4)   | instr. 4)              |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities) |  |                        |  |                                  |   |                       |                              |   |     |   |                 |  |  |   |                     |  |                        |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution Date, if any |  | 4.<br>Transact<br>Code (In<br>8) |   |                       | e<br>s<br>(A)<br>sed<br>str. | 6. Date Exercis<br>Expiration Date<br>(Month/Day/Ye |     | te Amount of                              |                 | of<br>s<br>ng<br>e   | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported | e<br>s<br>Illy<br>g | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr.<br>4) | Beneficial<br>Ownershi |  |
|  |  |  |                        |  | Code                             | v   | (A)                   | (D)                          | Date<br>Exercisa                                    | ble | Expiration<br>Date                        | Title           | Amount<br>or<br>Number<br>of<br>Shares                           |  | Transaction(s<br>(Instr. 4)   |                     |  |                        |  |
| Stock<br>Option<br>(right to<br>buy)   | \$8  | 01/09/2014                                 |                        |  | A                                |   | 15,401 <sup>(1)</sup> |                              | (2)   |     | 01/09/2024                                | Common<br>Stock | 15,401   | \$0.00   | 15,40   | 1                   | D  |                        |  |

Explanation of Responses:

1. This grant was made pursuant to the issuer's non-employee director compensation policy.

2. The shares underlying this option vest in full on the last day of the reporting person's initial term of office for Class I directors, which will be the date of the 2015 annual meeting of stockholders.

Remarks:

## /s/ Brian F. Leaf, Attorney-in-01/13/2014

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.

OMB APPROVAL