## FORM 4

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

| Vashing | ton. D | ).C. 2 | 20549 |
|---------|--------|--------|-------|

| CTATEMENT | ΛE | CHANGES | INI | <b>BENEFICIAL</b> | OWNEDGHID |
|-----------|----|---------|-----|-------------------|-----------|
| SIAIEMENI | UF | CHANGES | III | DENEFICIAL        | OMMERSHIP |

| OMB APP                  | MB 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).

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*     Rath Chinmaya  |  |  | 2.<br><u>G</u>                    | 2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [ GLYC ] |   |         |              |                      | (Che  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specify |  |  |  |   |          |    |
|--|--|--|-----------------------------------|--|---|---------|--------------|----------------------|---|---|--|--|--|---|----------|----|
| (Last)   | ,  | First)   | (Middle)                          |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2024   |         |              |                      |   | X   | SVP and Chief Business Officer           |  |  |   |          |    |
| 9708 MEDICAL CENTER DRIVE  |  |  |                                   | 4.   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |         |              |                      |   | Line)   | ''                                       |  |  |   |          |    |
| (Street)   | ILLE M   | 1D   | 20850                             |  |   |         |              |                      |   |   | X  |  | ed by One F<br>ed by More  |   |          | ng |
| (City)   | (8   | State)   | (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 |  |                                   |  |   |         |              |                      |   |   |  |  |  |   |          |    |
| Date   |  |  | . Transactio<br>ate<br>Month/Day/ | Execution Date,  |   | Date,   | Code (Instr. |                      |   | 5. Amoun<br>Securities<br>Beneficia<br>Owned Fo   | illy (                                   | 6. Ownersh<br>Form: Dire<br>(D) or Indir<br>(I) (Instr. 4)               | et li<br>ect E   | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |          |    |
|  |  |  |                                   |  |   |         |              | Amount               | (A) o<br>(D)  | Price   | Transaction (Instr. 3 and                |  |  | "   | 115(1.4) |    |
| 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            | Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Transaction Code (Instr. Secure Acquor Distribution of (D) |                                   | Derivativ<br>Securitie<br>Acquired<br>or Dispo-<br>of (D) (In          | 6. Date Exercisable and Privative (Month/Day/Year) (Instr. 3 and 4) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) (Instr. 3 and 4)  |         |              | ies<br>g<br>Security | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transactio                             | Own<br>Forn<br>Direc<br>or In<br>(I) (Ii | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |          |    |
|  |  |  |                                   | Code   | v   | (A)     |              | Date<br>Exercisable  | Expiration<br>Date                                  | Title   | Amount<br>or<br>Number<br>of Shares      |  | (Instr. 4)   |   |          |    |
| Employee<br>Stock<br>Option<br>(right to<br>buy)   | \$3.11   | 01/12/2024   |                                   | A  |   | 250,000 |              | (1)                  | 01/11/2034  | Common<br>Stock   | 250,000                                  | \$0.00   | 250,000  | )   | 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.