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*  Thackray Helen M.  (Last) (First) (Middle) |  |  |              |   |           | Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]      Date of Earliest Transaction (Month/Day/Year) 05/19/2017 |                           |  |   |    |   |               |             |  |   | all appli<br>Directo  | icable)<br>or<br>r (give title                |   | 6 Owner<br>er (specify |  |
|--|--|--|--------------|---|-----------|---|---------------------------|--|---|----|---|---------------|-------------|--|---|---|---|---|------------------------|--|
| C/O GLYCOMIMETICS, INC.  |  |  |              |   |           |   |                           |  |   |    |   |               |             |  | S   | VP C  | linical De                                    | velopment   | CMO                    |  |
| 9708 MEDICAL CENTER DRIVE  |  |  |              |   | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |                           |  |   |    |   |               |             |  | 6. Individual or Joint/Group Filing (Check Applicable                             |   |   |   |                        |  |
| (Street) ROCKVI  |  |  | 0850<br>Zip) |   |           |   |                           |  |   |    |   |               |             |  | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |   |                        |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |              |   |           |   |                           |  |   |    |   |               |             |  |   |   |   |   |                        |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/                     |  |  |              |   | //Year) i | Execution Date,   |                           |  | 3. Transaction Disposed Of (D) (Instr. 3 and 5) |    |   |               |             |  | ,   |   | cially  | 6. Ownershi<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                        |  |
|  |  |  |              |   |           |   |                           |  | Code  | v  | Amount  |               | A) or<br>D) | Price  |   | Reporte<br>Fransac  |   | (111341 . 4)  | (111341. 4)            |  |
| Common Stock 05/19/20  |  |  |              |   | 017       |   | <b>S</b> <sup>(1)</sup>   |  | 2,000   |    | D   | <b>\$12</b> . | 2.14 1      |  | 4,615   | D   |   |   |                        |  |
|  | 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)                                  | ivative Conversion Date<br>urity or Exercise (Month/Day/Year) if any   |  | tion Date,   | 4.<br>Transaction<br>Code (Instr.<br>8) |           | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispo   | r<br>osed<br>)<br>r. 3, 4 |  |   | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amou or Numb of Title Share |               | ount        | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5) |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial<br>Ownership   |                        |  |

## Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 31, 2016.

## Remarks:

/s/ Brian F. Leaf, Attorney-infact 05/22/2017

\*\* 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.