Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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ı	hours nor resnance.	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* PEARSON TIMOTHY R					2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]									k all applic	,				
(Last)	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/15/2015									Officer below)	(give title		Other (s below)	pecify
9708 MEDICAL CENTER DRIVE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	ILLE M	D	20850											ine) X	,				
(City)	(Si	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (In:	Transaction Disposed Of (D) (Instr. 3, 4						s For ally (D) following (I) (rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	<i>,</i>	Amount	(A) or (D)	Pric	e e	Transacti (Instr. 3 a	tion(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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	c	Transad Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		of Securities		ies g Securit	D	. Price of perivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amour or Number of Shares	er					
Stock Option (right to buy)	\$7.5	07/15/2015			A		11,000		(1)	07	7/14/2025	Common Stock	11,00	00	\$0.00	11,000)	D	

Explanation of Responses:

1. The shares underlying this option vest on July 15, 2016, subject to the reporting person's continuous service as of such vesting date.

Remarks:

/s/ Brian F. Leaf, Attorney-in-08/11/2015

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.