## FORM 4

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

Washington,	D C	20540
wasnington,	D.C.	20049

<b>STATEMENT</b>	OF CHAN	GES IN BEN	NEFICIAL O	WNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per respense:	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

1. Name and Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol GLYCOMIMETICS INC [ GLYC ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
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(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)						Officer (below)	give title		Other (specify below)			
C/O GLYCOMIMETICS, INC				0	01/19/2023					Chief Executive Officer		r					
9708 MEDICAL CENTER DRIVE																	
4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In	6. Individual or Joint/Group Filing (Check Applicable									
(Street)												Line		- d b O 1	Danastina Da		
ROCKV	ILLE M	ID .	20850										_	,	Reporting Pethan One Re		_
,													Person	ed by More	man One Ri	porung	9
(City)	(8	State)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transaction ate ate	Execution Date,		Code (Instr.			Beneficia Owned Fo	s I lly ollowing (	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Indi Ber Ow	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) o	r Price	Reported Transacti (Instr. 3 a	on(s)		(Ins	Instr. 4)
			Table II - De	rivativ	e Sec	urities	Acq	uired, Di	spo	sed of,	or Ben	eficially	Owned				
			(e.	g., puts	s, cal	ls, warr	ants	, options	s, c	onverti	ble secu	ırities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Code	ansaction Derivative ode (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio	Owner Form: Direct or Indi (I) (Ins	ship c D) C ect (	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	(5)		
Employee Stock Option (right to buy)	\$2.55	01/19/2023		A		651,200		(1)	01	1/18/2033	Common Stock	651,200	\$0.00	651,200	) D		

## Explanation of Responses:

1. 25% of the shares underlying this option will vest on January 19, 2024 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-

fact

\*\* Signature of Reporting Person Date

01/20/2023

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.