FORM 4

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

Washington, D.C. 20549

vasimigton	, D.O. 200-0	

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bur	den
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

									<u> </u>						
1. Name and Address of Reporting Person*  TOP FRANKLIN H JR					2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [ GLYC ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				-	SET COMMEDITOD IIIO [ ODIC ]						2	Oirector		10% O	wner
(Last) (Filst) (Milute)					3. Date of Earliest Transaction (Month/Day/Year) 01/09/2014						Officer ( below)	Officer (give title below)		specify	
C/O GLYCOMIMETICS, INC.						01/09/2014									
401 PROFESSIONAL DRIVE, SUITE 250					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Street)										- 1	Line)  X Form filed by One Reporting Person				
-	RSBURG	MD	20879								4	_	,		
——————————————————————————————————————											Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)												
		Ta	ble I - Non-I	Derivati	ve Se	curities	Acc	juired, Dis	sposed of	, or Ben	eficially	/ Owned			
Date				. Transacti ate Month/Day	Execution Day/Year) if any		A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			5. Amoun Securities Beneficia Owned Fo Reported	s Form ally (D) o ollowing (I) (In	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of ndirect Beneficial Ownership
							Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
			Table II - De					ired, Disp options,				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Deemed Execution Date, if any (Month/Day/Year)		Code	action (Instr.	Derivative		Expiration Date of Secu (Month/Day/Year) Underly Derivat		of Securiti Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
			Code	V (A	(A)	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares		Transaction(s (Instr. 4)	n(s)		
Stock Option (right to buy)	\$8	01/09/2014		A		15,401 <sup>(1)</sup>		(2)	01/09/2024	Common Stock	15,401	\$0.00	15,401	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 III directors, which will be the date of the 2017 annual meeting of stockholders.

## Remarks:

/s/ Brian F. Leaf, Attorney-in-

fact

\*\* Signature of Reporting Person

Date

01/13/2014

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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$