FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL									
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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

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Name and Address of Reporting Person* Girard Armand					2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
					-									_ >	Officer below)	(give title		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/20/2021									SVP, Chief Business Officer					
C/O GLYCOMIMETICS, INC.						01/20/2021										,				
9708 MEDICAL CENTER DRIVE																		(0)		
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ROCKV	HIF M	ID	20850) 3	X Form filed by One Reporting Person					
	ILLE IV		20050		.										Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)											reisoi						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		Transaction Disposed Code (Instr. 5)			ties Acquired (A) or d Of (D) (Instr. 3, 4 an				es For ally (D) Following (I) (n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	t (A) or Pi		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock ⁽¹⁾ 01/20/						/2021		A		25,000	00 ⁽²⁾ A		\$0.00	25,	25,000		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deeme	d 4	4.		5. Numb	ber	6. Date Ex	ercis	able and	7. Title a	nd Aı	mount	8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transactio Code (Instr 8)		n of		Expiration Date (Month/Day/Year)			of Securities Underlying Derivative Security (Instr. 3 and 4)			Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s Ily I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
													An	nount						
									Date	.	Expiration			umber						
					Code	· v	(A)	(D)	Exercisab		Date	Title		nares						
Employee Stock Option (right to buy)	\$3.81	01/20/2021			A		50,000		(3)	0	01/19/2031	Commor Stock	50	0,000	\$0.00	50,000	0	D		

Explanation of Responses:

- 1. The security represents restricted stock units granted to the reporting person. Each restricted stock unit represents a contingent right to receive one share of common stock of the Issuer.
- 2. 25% of these restricted stock units vest on each of January 20, 2022, 2023, 2024 and 2025, subject to the reporting person's continuous service as of each such vesting date.
- 3. 25% of the shares underlying this option vest on January 20, 2022 and the balance of the shares vest in a series of 36 successive equal monthly installments thereafter, subject to the reporting person's continuous service as of each such vesting date.

Remarks:

/s/ Brian Leaf, attorney-in-fact 01/22/2021

** Signature of Reporting Person Dat

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.