FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID APPROVAL										
OMB Number:	3235-0287									
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 300	1011 30(11)	or tire i	investment	company A	t 01 1540							
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol GLYCOMIMETICS INC [GLYC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
King Rachel K.												X Director	X Director 10%		% Owner	er	
(Loot)	/[irst)	(Middle)	_	Doto	of Carliagt	Tropo	notion (Mont	h/Doy/Voor)			X Officer below)	(give title		ner (spec	cify	
(Last)	`	,	(Middle)		. Date (1/10/2		rransa	saction (Month/Day/Year)				President, CEO					
C/O GLYCOMIMETICS, INC.					01/10/2010							Trestacin, GEO					
9708 MEDICAL CENTER DRIVE																	
				— 4.	. If Ame	endment, [Date of	f Original Fil	ed (Month/D	ay/Year)		. Individual or J	oint/Group F	Filing (Checl	Applica	able	
(Street)												ine)					
ROCKV	ILLE M	ID	20850										,	Reporting P			
				— I								Form f Persor		than One F	eporting	9	
(City)	(S	state)	(Zip)									Person	!				
	`																
		Та	ble I - Non-D	erivati	ve Se	ecurities	s Acc	quired, D	isposed	of, or B	eneficia	ally Owned					
1. Title of	Security (Ins	tr. 3)		ransacti					red (A) or	5. Amou	6. Ownershi						
Da (Me			te onth/Day/Year)		Execution Date, if any		e, Transaction Dispo Code (Instr.		sed Of (D) (Instr. 3, 4		nd 5) Securitie Beneficia		Form: Direct (D) or Indire		ndirect Beneficial		
			`			(Month/Day/Year						Owned F	ollowing	(I) (Instr. 4)	Owr	Ownership Instr. 4)	
								Code	Amoun	(A) or (D)		Transact	ion(s)	'		,	
									Aillouil	(D)	1.110	(Instr. 3	and 4)				
			Table II - De	rivative	e Sec	urities	Acqu	uired, Dis	posed o	f, or Ber	neficial	ly Owned					
			(e.ç	j., puts	s, cal	ls, warr	ants	, options	, conver	ible sec	urities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. Date Exer	cisable and	7. Title a	nd Amoun	t 8. Price of	9. Number	r of 10.	1:	L1. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	ate, Transaction Code (Instr.				Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security				of Indirect Beneficial	
(Instr. 3) Price of Derivative Security Security (Month/Day/Year)					` Acquired (A)		Derivative Secu			e Security		Beneficial	ly Direct	Direct (D) Owner	Ownership		
					or Disposed (Instr. 3 and 4 of (D) (Instr.					and 4)		Owned Following	or Ind				
					3, 4 and 5)							Reported Transaction	1,,,	,			
											Amoun	t	(Instr. 4))11(5)			
				1				Date	Expiration		or Numbe	r					
				Code	V	(A)		Exercisable	Date	Title	of Shar						
Employee																	
Stock Option	\$20.03	01/10/2018		A		175,000		(1)	01/09/2028	Common	175,0	00 \$0.00	175,000	0 1	,		
(right to	Ψ20.03	01/10/2010		1		173,000		. ,	01/03/2020	Stock	1,3,0	Ψ0.00	173,000	ĭ ¹			
buy)												- 1					

Explanation of Responses:

1. One-fourth of the shares underlying this option vest on January 10, 2019 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 F. Leaf, attorney-in-

fact

** Signature of Reporting Person Date

01/12/2018

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.