FORM 4

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

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.O. 20040									

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	rden								

0.5

hours per response:

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	on 30(h) c	of the	Investment C	ompany Act	of 1940						
1. Name and Address of Reporting Person*  TOP FRANKLIN H JR						2. Issuer Name <b>and</b> Ticker or Trading Symbol GLYCOMIMETICS INC [ GLYC ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
TOP FRANKLIN H JR												X Director	or	10% Ov	vner		
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 07/15/2015							Officer (give title Other (specifical below) below)			specify	
C/O GLY	COMIME	TICS, INC.															
9708 MEDICAL CENTER DRIVE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)												- 1	,	iled by One R	Reporting Perso	n	
ROCKVILLE MD 20		20850										Form f	Form filed by More than One Reporting Person				
(City)	(9	State)	(Zip)														
		Tak	ole I - No	n-Deriv	ativ	e Se	curities	s Ac	quired, Di	sposed c	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)					Execution Date		Date,	Code (Instr. 5)			Beneficia Owned F	es Form ally (D) of Following (I) (II		7. Nature of Indirect Beneficial Ownership			
									Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)	
									uired, Dis , options,				Owned	·	·		
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security		3A. Deeme Execution if any (Month/Day	ution Date, T		ction Instr.	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option	\$7.5	07/15/2015			A		11,000		(1)	07/14/2025	Common	11,000	\$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:

buy)

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

08/11/2015

<u>Fact</u>

\*\* Signature of Reporting Person

Date

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.