SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

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 A Schneid Y	ddress of Repo	orting Person [*]	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 01/05/2024 3. Issuer Name and Ticker or Trading Symbol Galera Therapeutics, Inc. [GRTX]					
(Last) 1 WOOD L	(First) ANE	(Middle)	,			10% C) wner	5. If Amendment, Filed (Month/Day/ 6. Individual or Jo (Check Applicable	'Year) int/Group Filing
(Street) SUFFERN	NY	10901	,		Officer (give title below)	Other below)	(specily	X Form filed Person	by One Reporting by More than One
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					7,110,801	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
E			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit (Instr. 4)		4. Conversion or Exercise Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I I I I I I I I I I I I I I I I I I			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ Yair Schneid

Date

** Signature of Reporting

01/16/2024

Person

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 5 (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.