FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

gton, D.C. 20	549	
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OMB APPROVAL									
OMB Number:	3235-0287								
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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

Name and Address of Reporting Person* West Linda			Gal	2. Issuer Name and Ticker or Trading Symbol Galera Therapeutics, Inc. [GRTX]						(Ch	elationship eck all appli X Directo	cable)	Person(s) to Is				
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023							Officer below)	(give title	Other (below)	specify	
C/O GALERA THERAPEUTICS, INC. 45 LIBERTY BLVD #230				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) MALVE	RN PA	A	19355											Form f Persor		than One Rep	orting
(City)	(Si	<i>,</i>	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			action	ction 2A. Deemed Execution Date,		3. Transacti Code (Ins	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			red (A) or	5. Amou Securitie Benefici	nt of 6. es Fo	o. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v /	Amount	(A) o (D)	r Price	Transaci (Instr. 3	tion(s)		(Instr. 4)		
		Т							uired, Dis , options					Owned			
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any				ansaction 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((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	Exp	iration e	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$3.12	07/01/2023			A		23,382		(1)	06/3	80/2033	Common Stock	23,382	\$0	23,382	D	

Explanation of Responses:

1. This option was awarded pursuant to the "elective option" provisions of the Issuer's non-employee director compensation program for the Reporting Person's service on the Issuer's Board and certain of its committees. This option shall vest and become exercisable as to 25% of the shares subject to the option upon the Reporting Person completing each three months of continuous service as a Non-Employee Director, or in the applicable committee position, following the date of grant, provided that the fourth and final tranche of the option will vest and become exercisable on the earlier of July 1, 2024 or the day immediately prior to the date of the Issuer's next annual meeting of stockholders occurring after the date of grant, in either case subject to the Reporting Person continuing in service on the Board as a Non-Employee Director, or in the applicable committee position, through such vesting date.

> /s/ Christopher Degnan, Attorney-in-Fact for Linda 07/05/2023 West

** Signature of Reporting Person Date

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.