SEC Form 4

FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Filed nursuant to Section 16(a) of the Securities Exchange Act of 1034

| 1. Name and Address of Reporting Person [*] Novo Holdings A/S | | Person* | 2. Issuer Name and Ticker or Trading Symbol Galera Therapeutics, Inc. [GRTX] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|---------|--|-------------------|--|---|-----------|--|--|--|
| <u>INOVO HOIUI</u> | <u>ings A/S</u> | | <u> </u> | | Director | Х | 10% Owner | | | |
| (Last) (First) (Middle) TUBORG HAVNEVEJ 19 | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2020 | | Officer (give title below) | | Other (specify below) | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicab Line) | | | | | |
| (Street) | G7 | 2900 | | X | Form filed by One Reporting Person | | | | | |
| HELLENUF G7 2900 | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|---------|---------------|----------------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (iiisti: 4) |
| COMMON STOCK | 10/15/2020 | | S | | 450,000 | D | \$11 ⁽¹⁾ | 2,959,021 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D (Instr | 5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate | and 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) | Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|---------------------|--------------------|---|--|---|--|-------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The securities were sold as a block sale broker transaction.

Remarks:

Novo Holdings A/S is a Danish limited liability company. The board of directors of Novo Holdings A/S (the "Novo Board") has shared investment and voting control over the securities of the Issuer held by Novo Holdings A/S (the "Shares") and may exercise such control only with the support of a majority of the Novo Board. As such, no individual member of the Novo Board is deemed to hold any beneficial ownership or reportable pecuniary interest in the Shares.

<u>/s/ Peter Haahr, Chief</u> <u>Financial Officer of Novo</u> <u>Holdings A/S</u>

10/19/2020

** 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.

biotection 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).