Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person* West Linda					2. Issuer Name and Ticker or Trading Symbol Galera Therapeutics, Inc. [GRTX]							(Ch	Relationship eck all applic	cable) or	g Pers	10% Ov	vner	
C/O GALERA THERAPEUTICS, INC.,					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022								Officer below)	(give title		Other (s	specify	
2 W LIBERTY BLVD #100						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												- 1	X Form filed by One Reporting Person					
MALVE	RN PA	A	19355										Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-	-Deriva	tive	Sec	curities	s Ac	quired, D	isposed	of	, or Ber	neficial	ly Owned	l			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date			Date	Code (Instr. 5)				d (A) or r. 3, 4 and	Benefici	es Form ally (D) o following (I) (Ir		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	Amou	nt	(A) or (D)	Price	Transact (Instr. 3	tion(s)			(Instr. 4)
	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/Ye	Date, Transac Code (In				ve es ed ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Co	ode '	v	(A)	(D)	Date Exercisable	Expiration Date		Title	Amount or Number of Shares					
Stock Option (Right to	\$1.29	07/01/2022		1	A		58,496		(1)	06/30/20	32	Common Stock	58,496	\$0.00	58,496	5	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 Peron'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, 2023 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.

Remarks:

/s/ Christopher Degnan,

Attorney-in-Fact for Linda 07/05/2022

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.