FORM 4

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

Nashington,	D.C. 20549
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CTATEMENIT	OF CHANGES	IN DENECICIAL	OWNEDCHID
STATEMENT	OF CHANGES	IN DENEFICIAL	OMNERSHIP

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

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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  LOKAY KEVIN G				Gal	2. Issuer Name <b>and</b> Ticker or Trading Symbol Galera Therapeutics, Inc. [ GRTX ]							(Ch	eck all appli X Directo	cable) r	g Pers	son(s) to Iss	ner	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023								Officer below)	(give title		Other (s <sub>i</sub> below)	pecify
C/O GALERA THERAPEUTICS, INC. 45 LIBERTY BLVD #230				4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person							
(Street) MALVE	RN PA	Λ	19355											Form f Persor		e than	One Repor	ting
(City)	(S	tate)	(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.												
		Tab	le I - Noi	า-Deriv	ative	Sec	curities	s Ac	quired, D	ispo	osed o	f, or Be	neficial	ly Owned	i			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Benefici	es F ally (I Following (I	Form (D) or	orm: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	ount (A) or (D)		Transac (Instr. 3	ction(s)		"	Instr. 4)		
		Т							uired, Dis s, options					Owned			,	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	Date Expiration				Amount or Number of Shares								
Stock Option (Right to Buy)	\$3.27	06/14/2023			A		48,000		(1)	06/	13/2033	Common Stock	48,000	\$0.00	48,000		D	

## **Explanation of Responses:**

1. This option shall vest and become exercisable on the earlier of June 14, 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 through such vesting date.

## Remarks:

/s/ Christopher Degnan, Attorney-in-Fact for Kevin G. 06/16/2023 Lokay

\*\* 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$