FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:									

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

1. Name and Address of Reporting Person* Gebauer Peter R						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(Fi	rst) (Midd	lle)		Date of 106/2		est Tra	ansaction (Month/Day/Year)					X	Offic belov	er (give title w)	C b	Other (specification)	
C/O LEMAITRE VASCULAR, INC.															President, International OP				
63 SECOND AVENUE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					
BURLINGTON MA 01803														Form filed by More than One Reporting Person					
(City)	(St	rate) (Zip)																
		Tab	le I	- Non-Deri	vative	Sec	uriti	es A	cquire	d, C	isposed	of, or E	Benefic	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year					ear) if	2A. Deemed Execution Date, r) if any (Month/Day/Year)		te,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4			and 5) Secu Bene Own		ficially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(111501.44)		(111501. 4)
Common Stock 09/06/2016					6	j			S		10,000	D	\$20.07	95(1)	15,374		D		
		Та	able	e II - Deriva (e.g., p					. ,		posed of converti	•		•	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Num of Deriv Secu Acqu (A) o Disp of (D (Insti	vative rities rired r osed)			ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Deriva Securi (Instr.	vative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Dividend Equivalent Rights	(2)	09/06/2016			A		4		(2)		(2)	Common Stock	4	\$0.0	00	4	D		

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$20.04 to \$20.11. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.
- 2. These dividend equivalent rights accrued on a restricted stock unit award granted on 7/25/2016 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

Remarks:

/s/ Laurie A. Churchill, Attorney-in-fact 09/08/2016

** 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.