FORM 4

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

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OND AFFROVAL										
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

Name and Address of Reporting Person*     Roush John A				2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]									all app	tor	ng Per	10% O	wner		
(Last) C/O LEN		st) (NASCULAR, 63 S	Middle)	ND		3. Date of Earliest Transaction (Month/Day/Year) 05/21/2020									below	er (give title		Other (: below)	specify
(Street)	IGTON MA		1803 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	on-Deriva	tive \$	Secui	rities	Ac	quirec	d, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/V					Execution Date,		,	3. Transaction Code (Instr. 8)		Acquired (A) or (D) (Instr. 3, 4 and !			5. Amount of Securities Beneficially Owned Following Reported		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		Transa	saction(s) . 3 and 4)			(111501.4)
Common Stock 05/21/20.					20		P		151	A	\$25.2	785		151		I	By wife		
Common Stock													20,000			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)	Execu if any	eemed Ition Date, h/Day/Year)		ansaction of ode (Instr. Derivative		vative irities iired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deri Sec (Ins	rice of ivative urity tr. 5)	tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

**Explanation of Responses:** 

/s/ Laurie A. Churchill, Attorney-in-fact

03/28/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).