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

Name and Address of Reporting Person* Jackson Michael C						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] 3. Date of Earliest Transaction (Month/Day/Year)								Check all ap		or		O Issuer Owner	
(Last)	(Fi	rst) (Middle	;)	05/1	05/19/2010								bel				w)	
C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BURLINGTON MA 01803														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Year) i	Execu f any	eemed tion Date, :h/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)			Securi Benefi Owned	cially	Form (D) o Indir	ect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	Code V		(A) or (D)		Repor Trans	Following Reported Fransaction(s) Instr. 3 and 4)		·. 4)	(Instr. 4)	
Common Stock 05/19/201							10		M		2,000) A	\$3.62	\$3.625 1,42		3,048		See Footnote ⁽²⁾	
		Ta	able	II - Deriva (e.g., p					,			f, or Ben ible sec		•	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/	on Da		Amount of		8. Price of Derivativ Security (Instr. 5)	9. Numb derivative Securiti Benefici Owned Followin Reporte Transac (Instr. 4	ve es ally ng d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercis	ıble	Expiratior Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$3.625	05/19/2010			M			2,000	07/31/20	00 ⁽¹⁾	07/31/2010	Common Stock	2,000	\$0	0		I	See Footnote ⁽²⁾	

Explanation of Responses:

- 1. This option is exercisable and vests over a five year period at a rate of 20% after one year of service from the date listed on the table, and the balance vesting in equal annual installments over the remaining 4 years. These options shall continue to vest as described above to the extent a representative of Housatonic Equity Investors, L.P. continues to perform services for the Company.
- 2. These securities are held by Housatonic Equity Investors, L.P. Housatonic Equity Partners I, LLC is the sole general partner of Housatonic Equity Investors, L.P., and Michael C. Jackson is a managing member of Housatonic Equity Partners I, LLC. As such, the reporting person may be deemed to share voting and investment power with respect to the securities held of record by Housatonic Equity Investors, L.P. The reporting person disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein, if any, and the reporting therein of such securities shall not be construed as an admission of beneficial ownership thereof for purposes of Section 16 or for any other purpose.

Aaron M. Grossman Attorney- 05/27/2010

** Signature of Reporting Person

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.