### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

# 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*			2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/27/2011	- X X	Check all applicable) X Director X Officer (give title below) President . Individual or Joint/Group Filing (C ine) X Form filed by One Reportir Form filed by More than On Person	10% Owner Other (specify below)				
C/O LEMAITRE VASCULAR, INC.				President						
63 SECOND AV	VENUE		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Fil	ling (Check Applicable				
(Street)				X	Form filed by One Re	porting Person				
BURLINGTON	MA	01803			,	an One Reporting				
(City)	(State)	(Zip)								
	Roberts David B LEMAITRE VASCULAR INC [LMAT] (Check all applicable)   Last) (First) (Middle)   C/O LEMAITRE VASCULAR, INC. 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2011   Street) With the medment, Date of Original Filed (Month/Day/Year) 0. Individual or Joint/Group Filing (Check Applicable)   Street) BURLINGTON MA 01803 Form filed by One Reporting Person									

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneticially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date,	3. Transaction Code (Instr. 8)		4. Securities Disposed Of and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	02/27/2011		F		72 <sup>(1)</sup>	D	\$6.87	262,078	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (o a pute calle war antiona a a muantible a a auritia a

(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/Year)	4. Transact Code (In 8)		5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	vative rities ired r osed ) . 3, 4	6. Date Exer Expiration D (Month/Day/	ate	Amour Securi Underl Deriva	nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. These shares represent shares withheld to satisfy tax withhelding obligations incurred upon the vesting of restricted stock units awarded to the reporting person on February 27, 2009. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.

### /s/ Aaron M. Grossman Attorney-in-Fact

03/01/2011

\*\* 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.