SEC Form 4
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## FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	Estimated average burden hours per response: 0.5
1. Name and Address of Reporting Person* LeMaitre George W (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE	2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ] 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2023	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title Other (specify below) Chairman and CEO
(Street) BURLINGTON MA 01803 (City) (State) (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	, Transaction Code (Instr.		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	05/03/2023		S <sup>(3)</sup>		94,900	D	<b>\$63.4796</b> <sup>(1)</sup>	2,413,613	D	
Common Stock	05/04/2023		S <sup>(3)</sup>		5,100	D	<b>\$63.9795</b> <sup>(2)</sup>	2,408,513	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transa Code ( 8)		of Deriv	r osed ) 7. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (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. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$63.01 to \$63.95. 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. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$63.95 to \$64.00 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. 3. Adoption date of referenced 10b5-1(c) plan is: 11/24/2021

/s/ Val Gertz
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\*\* Signature of Reporting Person Date

05/05/2023

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.