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FORM 4 UNITED S				ALES	5 3E			ES AND ington, D.C. 2			1221011				VAL		
Section 16. Form 4 or Form 5 obligations may continue. See					IT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									SHIP OMB Number: 3235-028 Estimated average burden hours per response: 0.			
1. Name and Address of Reporting Person* Pellegrino Joseph P JR					ssuer	Name a	and ⊤i	cker or Tradir	ig Symbo		5. Relationship of Reporting Person (Check all applicable) X Director				suer wner		
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE					Date o /04/20		st Trai	nsaction (Mon	th/Day/Y		X Officer (give title Other (specify below) below) Chief Financial Officer				specify		
(Street) BURLINGTON MA 01803 (City) (State) (Zip)				- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
	<u> </u>		le I - Non-Deri	vative	- Sec	uritie	s Ar	cauired. D	isnose	ed o	of. or Be	neficia	llv Owner	4			
1. Title of Security (Instr. 3) Date (Month/Da					Execution Date			ar) 8) (4) or			str. 3, 4 an) or 4 and 5. Amount of Securities Beneficially Owned Follo Reported Transaction		Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Т	āble II - Deriva (e.g., j						posec	l of	, or Ben	eficially	(Instr. 3	and 4)			
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)				6. Date Exerc Expiration D (Month/Day/ ¹	ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expirat Date	ion	Title	Amount or Number of Shares					
Dividend Equivalent Rights	(1)	06/04/2020		A		6		(1)	(1)		Common Stock	6	\$0	63		D	
Dividend Equivalent Rights	(2)	06/04/2020		A		4		(2)	(2)		Common Stock	4	\$0	25		D	
Dividend Equivalent Rights	(3)	06/04/2020		A		7		(3)	(3)		Common Stock	7	\$0	39		D	
Dividend Equivalent Rights	(4)	06/04/2020		A		6		(4)	(4)		Common Stock	6	\$0	13		D	

Explanation of Responses:

1. 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.

2. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/22/2017 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

3. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/19/2018 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

4. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/20/2019 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

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

** Signature of Reporting Person Date

06/08/2020

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

 \ast 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.