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

| _ · · · · · · · · · · · · · · · · · · · | | | 2. Issuer Name and Ticker or Trading Symbol <u>LEMAITRE VASCULAR INC</u> [LMAT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|-------|---|--|---|---|--|--|--|--|
| (Last) | (First) (Middle) AITRE VASCULAR, INC | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2010 | - X X | Director Officer (give title below) V.P., Human Resource | 10% Owner Other (specify below) ces,Director | | | | |
| 63 SECOND AVENUE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | Individual or Joint/Group Filing (Check Applicable ne) | | | | | |
| (Street) | | | | X | Form filed by One Repo | orting Person | | | | |
| BURLINGTON | MA | 01803 | | | Form filed by More thar Person | n One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |
| | | | | | | | | | | |

1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature 3. Securities Beneficially Date Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 Form: Direct of Indirect (Month/Dav/Year) if anv and 5) (D) or Beneficial Code (Instr. (Month/Day/Year) 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) or Code v Amount Price . Transaction(s) (D) (Instr. 3 and 4) Common Stock 08/09/2010 G 100 \$<mark>0</mark> 342,481 D V D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, cans, 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) | | | | Expiration Date (Month/Day/Year) | | 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) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

<u>/s/ Aaron M. Grossman</u> <u>Attorney-in-Fact</u>

11/03/2010

** 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.