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*  LeMaitre Cornelia W  (Last) (First) (Middle)  C/O LEMAITRE VASCULAR, INC 63 SECOND AVENUE  (Street)  BURLINGTON MA 01803						Issuer Name and Ticker or Trading Symbol     LEMAITRE VASCULAR INC [LMAT]      One of Earliest Transaction (Month/Day/Year)     O5/11/2010      If Amendment, Date of Original Filed (Month/Day/Year)									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X    Director					
(City)	(S	tate) (	Zip)												Perso	on				
		Tab	le I - N	lon-Deriv	ative \$	Sec	urit	ies Ad	cquired,	Dis	posed o	of, or E	enefi	cially	<b>Owne</b>	d				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Exec if an	ıy	ned n Date, Day/Year	3. Transaction Code (Instr. 8)					, 4 Securi Benefi Owned		cially	Forr (D) d Indi	rect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice	Following Reported Transaction(s) (Instr. 3 and 4)		(Insi	tr. 4)	(Instr. 4)	
Common Stock 05/11/20							10		M		2,00	0 A	\$	3.625	50	5,939		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (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)	if any	emed on Date, /Day/Year)	4. Transact Code (In 8)		Number		6. Date Exe Expiration (Month/Da	Date		Amount of		of Do Se (Ir	. Price If Perivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber						
Stock Option (Right to Buy)	\$3.625	05/11/2010			M			2,000	07/31/2000	1) 0	7/31/2010	Common Stock	2,00	00	\$0	0		D		

## 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.

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

05/13/2010

\*\* Signature of Reporting Person

Б.

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

- \* 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.