FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasiniigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Jasinski Lawrence J</u>						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]								Relationship of Reporting Person(s) to Issuer (Check all applicable) No Director 10% Owner						
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023									Officer below)	(give title		Other (spelow)	pecify	
C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE					4. If A	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						
(Street) BURLINGTON MA 01803						Form filed by More than One Reporting Person												ting		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tabl	le I - Nor	n-Deriv	ative :	Sec	curities	Ac	quired, C	isp	osed o	of, or Be	neficia	lly	Owned	t				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquii Disposed Of (D) (In 5)			d		es ally Following	Form (D) or	orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	t (A) or Pr			Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
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)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Date		7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	of S g e Security	8. Price of Derivative Security (Instr. 5)			ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares							
Dividend Equivalent Rights	(1)	06/01/2023			A		0.8464		(1)		(1)	Common Stock	0.8464		\$0	6.46		D		
Dividend Equivalent Rights	(2)	06/01/2023			A		1.2968		(2)		(2)	Common Stock	1.2968		\$0	2.9563		D		

Explanation of Responses:

- 1. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/11/2021 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 12/12/2022 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

/s/ Val Gertz

06/01/2023

Date

** Signature of Reporting Person

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.