FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours per response	1.0						

Form 3 Holdings Reported.

Form	1 Transactions	Reported.	Filed	d pursuant to S or Section 3								1934					
Name and Address of Reporting Person* O'Connor John James			2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
O Connor John James						'	X Director			10%	Owner						
(Last)	(Fir MAITRE V	st) (M	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022							ear)	Officer (give title Other (specify below) below)					
63 SECOND AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													,	filed by C	ne Re	oorting P	erson
BURLIN	IGTON MA	A 0	1803	Form filed by More than One Reporting Person								eporting					
(City)	(Sta	ate) (Z	Zip)														
		Table	I - Non-Deriva	ative Secu	rities	s Acc	quire	d, Dis	posed	of, c	or Be	enefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)					Transaction Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			Disposed	5. Amou Securitie Benefici	es Own		rship Direct	7. Nature of Indirect Beneficial Ownership		
							Amount (A) or (D)		Pr	ice	Issuer's Fiscal Year (Instr. 3 and 4)				(Instr. 4)		
Common Stock 12/			12/27/2022		G			5,:	555	D \$0		\$ <mark>0</mark>	48,954		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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) of Disp of (D	rivative (Month/Day/Year) Securities quired (or sposed (D) str. 3, 4				and 4	it of dies ying dive dy (Instr.	8. Price of Derivative Security (Instr. 5)			10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)	
				or Num Date Expiration of				Number									

Explanation of Responses:

/s/ Laurie A. Churchill,

01/25/2023

Attorney-in-fact
** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).