FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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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						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]  3. Date of Earliest Transaction (Month/Day/Year) 03/11/2011  4. If Amendment, Date of Original Filed (Month/Day/Year)									X D X C b V Individue E X F	applicable) irector fficer (give title elow) P., Human R. al or Joint/Grou	tor 10% Owner ter (give title Other (specify below)  Human Resources, Director  or Joint/Group Filing (Check Applicable on filed by One Reporting Person on filed by More than One Reporting			
(City)	(S		Zip)																	
		Tabl	e I - N	lon-Deriv	ative S	Secu	ıritie	s Acc	uired, [	Disp	osed o	f, or	Bene	ficia	lly Ov	/ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. and 5)						Se Be Ov	Amount of curities neficially med llowing	6. Owners Form: Dir (D) or Indirect (I	ect	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D)			Price	Re Tra	ported ansaction(s) str. 3 and 4)	(Instr. 4)		(Instr. 4)	
Common Stock 03/11/20						2011			G	V	715 D		D	\$(	)	287,891				
	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)	curity or Exercise (Month/Day/Year) Trice of Derivative Security  Execution Date, if any (Month/Day/Year) 8			Code (Ir	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amount or Numbrof Title Shares		ount nber	8. Price of Derivati Security (Instr. 5	derivative ve Securities Beneficially	Owner Form: Direct or Ind (I) (Ins 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

<u>/s/ Aaron M. Grossman</u> <u>Attorney-in-Fact</u> <u>03/11/2011</u>

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).