FORM 4

Check this box if no longer subject to

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours per response	0.5								

Decilor 10. Form 4 of Form 5	
obligations may continue. See	
nstruction 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

Name and Address of Reporting Person*     O'Connor John James						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]										Relationship leck all appli X Directo	cable)	ng Per	son(s) to Is	
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/11/2023										Officer below)	(give title		Other ( below)	specify
C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	6. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person						
(Street) BURLINGTON MA 01803															Form filed by More than One Reporting Person					
(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	e Se	curiti	es A	cqu	ired, I	Disp	osed	of, c	or Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or . 3, 4 and	Securitie Benefici	5. Amount of Securities Beneficially Owned Following		vnership i: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount		(A) or (D)	Price	Transac	nsaction(s) str. 3 and 4)			(111341. 4)
Common	Stock			12/11	1/2023	3				M		2(1)		A	<b>\$0</b> (1)	56	,968	D		
Common	mmon Stock 12/			12/12	2/2023					M		1(1)		A	<b>\$0</b> <sup>(1)</sup>	56	5,969		D	
		Т										sed of				Owned				
1. Title of Derivative Security (Instr. 3)	/e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp (Mo	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Date			Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)  Amount			8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

(3)

Dividend

Rights Dividend

Equivalent

Equivalent

Rights

- 1. Represents shares acquired upon release of dividend equivalent rights, as reported in Table II, on a one-for-one basis.
- 2. These dividend equivalent rights were released in connection with the vesting of a restricted stock unit award granted on December 11, 2021. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

(2)

(3)

(2)

(3)

Stock

Stock

2<sup>(2)</sup>

1(3)

3. These dividend equivalent rights were released in connection with the vesting of a restricted stock unit award granted on December 12, 2022. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

/s/ David C. Hissong

12/13/2023

6.4383

4.9867

D

D

\*\* Signature of Reporting Person

Date

\$<mark>0</mark>

\$<mark>0</mark>

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

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

12/11/2023

12/12/2023

\*\* 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.