## 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 a<br>Pelleg                                   | LEN  | 2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] |  |      |  |  |   |   |                        | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Owner  |                   |                |  |   |  |  |   |   |          |  |
|---|--|--|--|------|--|--|---|---|------------------------|---|-------------------|----------------|--|---|--|--|---|---|----------|--|
| (Last) (First) (Middle)                               |  |  |  |      | 3. Date of Earliest Transaction (Month/Day/Year)<br>07/18/2011 |  |   |   |                        |   |                   |                | :  | X Officer<br>below  | Officer (give title<br>pelow)                                  |  | Other (<br>below)                                 | specify   |          |  |
| C/O LEMAITRE VASCULAR, INC.                           |  |  |  |      |  |  |   |   |                        |   |                   |                |  |   | С  | Chief Financial Officer  |   |   |          |  |
| 63 SECOND AVENUE                                      |  |  |  |      | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |                        |   |                   |                |  |   | 6. Individual or Joint/Group Filing (Check Applicable<br>Line) |  |   |   |          |  |
| (Street)  |  |  |  |      |  |  |   |   |                        |   |                   |                | · · ·  | X Form filed by One Reporting Person  |  |  |   |   |          |  |
| BURLINGTON MA 01803                                   |  |  |  |      |  |  |   |   |                        |   |                   |                |  |   | Form filed by More than One Reporting Person                   |  |   |   |          |  |
| (City) (State) (Zip)                                  |  |  |  | 5    |  |  |   |   |                        |   |                   |                |  |   |  |  |   |   |          |  |
|   | ative \$   | tive Securities Acquired, Disposed of, or Benefi                         |  |      |  |  |   |   |                        |   | cially Owned      |                |  |   |  |  |   |   |          |  |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/Day |  |  |  |      | Execution Date   |  |   | 3.<br>Transaction<br>Code (Instr.<br>8) |                        | 4. Securities Acquired<br>Disposed Of (D) (Instr.<br>and 5)                                       |                   |                |  | 5. Amor<br>Securiti<br>Benefic<br>Owned<br>Followi  | ies<br>ially   | Forr<br>(D) d<br>Indi  | wnership<br>m: Direct<br>or<br>rect (I)<br>tr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |  |
|   |  |  |  |      |  |  |   |   | Code                   | v   | Amount            | (A)<br>(D)     | or F   | Price   | Reporte<br>Transac<br>(Instr. 3                                | ed<br>ction(s)   |   | u. 4)   | (1150.4) |  |
| Common Stock 07/18/2                                  |  |  |  | 2011 | )11  |  | F   |   | 524 <sup>(1)</sup> I   |   |                   | <b>\$7.4</b> 4 | 4 59   | 59,424  |  | D  |   |   |          |  |
|   |  |  | Tabl                                   |      |  |  |   |   | uired, Di<br>, options |   |                   |                |  |   | vned   |  |   |   |          |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | erivative Conversion Date Execution<br>ecurity or Exercise (Month/Day/Year) if any |  | med 4.<br>on Date, Transac<br>Code (Ir |      | 5. Number<br>ction of  |  | 6. Date Exercisat<br>Expiration Date<br>(Month/Day/Year |   | able and               | nd 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>and 4) |                   | tr. 3          | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactic<br>(Instr. 4) | ly   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | Beneficial<br>Ownership                           |   |          |  |
|   |  |  |  |      | Code   | v  | (A)   | (D)                                     | Date<br>Exercisabl     |   | xpiration<br>late | Title          | or<br>Nu<br>of   | nount<br>mber<br>ares   |  |  |   |   |          |  |
| Stock<br>Option<br>(Right to<br>Buy)                  | \$7.1  | 07/26/2011   |  |      | А  |  | 41,199  |   | 07/26/2011             | 2) 0  | 7/26/2018         | Commo<br>Stock | <sup>n</sup> 41  | ,199  | \$ <b>0</b>  | 41,199   | )   | D   |          |  |

## Explanation of Responses:

1. These shares represent shares withheld to satisfy tax withhelding obligations incurred upon the vesting of restricted stock units awarded to the reporting person on July 18, 2007. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.

2. This option is exercisable and vests over a five-year period at a rate of 20% on the first anniversary of the date listed in the table, and the balance vesting in equal annual installments over the remaining four years.

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

07/28/2011

\*\* Signature of Reporting Person Date

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.