SEC For																		
FORM 4 UNITED				SIA	TATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549													VAL
Section 16. Form 4 or Form 5 obligations may continue. See						IT OF CHANGES IN BENEFICIAL OWNER pursuant to Section 16(a) of the Securities Exchange Act of 1934									SHIP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [*] LeMaitre George W						or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>LEMAITRE VASCULAR INC</u> [LMAT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner			
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/19/2020									X Officer (give title Other (specify below) below) Chairman and CEO			
(Street) BURLINGTON MA 01803 (City) (State) (Zip)				4. If										Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Non	-Deriv	 ative	Se	curitie	es Ac	cquired,	Dis	posed	of, or Be	nefici	ally Owne				
1. Title of Security (Instr. 3) 2. Transau Date (Month/Date)						Execution Date			, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or d Of (D) (Instr. 3, 4 an		nd Securiti Benefici	es ally Following	Form (D) o	vnership 1: Direct r Indirect 1str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) Pr		Trancao	tion(s)			(1150.4)
		Т							quired, C s, optior					ly Owned				
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		4. Transaction Code (Instr 8)		5. Number n of		6. Date Exercisabl Expiration Date (Month/Day/Year)		able and			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactin (Instr. 4)	e s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares	1				
Dividend Equivalent Rights	(1)	03/19/2020			A		21		(1)		(1)	Common Stock	21	\$0	160		D	
Dividend Equivalent Rights	(2)	03/19/2020			A		14		(2)		(2)	Common Stock	14	\$0	67		D	
Dividend Equivalent Rights	(3)	03/19/2020			A		25		(3)		(3)	Common Stock	25	\$0	93		D	
Dividend Equivalent Rights	(4)	03/19/2020			A		20		(4)		(4)	Common Stock	20	\$0	20		D	

Explanation of Responses:

1. These dividend equivalent rights accrued on a restricted stock unit award granted on 7/25/2016 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 12/22/2017 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

3. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/19/2018 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

4. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/20/2019 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

/s/ Laurie A. Churchill, Attorney-in-fact

Date

03/23/2020

** Signature of Reporting Person

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

 \ast 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.