FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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П	to Section 16. Form 4 or Form 5 obligations may continue. See
Ш	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* Roberts David B (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE (Street) BURLINGTON MA 01803						Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] Date of Earliest Transaction (Month/Day/Year) 11/18/2015 4. If Amendment, Date of Original Filed (Month/Day/Year)										(Check X X	Office Direct Office Deloy Vidual of Form	ionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) below) President and Director dual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)																					
		Tabl	e I	- Non-Deriv	ativ	re S	ecu	ritie	s Ac	quir	ed, D	isp	osed o	f, or E	Benefic	ially	Owne	ed			
Da				2. Transaction Date (Month/Day/Ye	Execution Execution Execution		utioi y	on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr.					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	An	mount	(A) or (D)	Price	e:		Reported Transaction(s) (Instr. 3 and 4)		.,	(
Common Stock				11/18/201	5				S			5,000	D \$14.1		397 ⁽¹⁾	1	85,839		D		
Common Stock				11/20/201	5					S			5,000	D \$15.3		116(2)	180,839			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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					I. Fransaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp (Mo	iration	ercisable and Date y/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Sec (Ins	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Oir or (I) 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Coc	le	v	(A)	(D)		Date Exercisabl		Expiration Date	Title	or Numbe of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$14.00 to \$14.36. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.
- 2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$15.24 to \$15.45. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.

Remarks:

<u>Laurie A. Churchill, Attorney-</u> 11/20/2015 in-fact

** 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.