SEC For	m 4 FORM	<b>A</b> I		אדפ ר	TES	. 95			S ANI		хсни	NGE		אאר	ISSION					
						ngton, D.C					<i></i>			OMB	APPRO	VAL				
Section 16. Form 4 or Form 5 obligations may continue. See						TOF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287   Estimated average burden    hours per response: 0.5			
1. Name and Address of Reporting Person <sup>*</sup> Jasinski Lawrence J						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 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/11/2023									Officer (give title Other (specify below) below)					
C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE															6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BURLINGTON MA 01803					Form filed by More than One Re Person												n One Repo	orting		
(City)	(S	(State) (Zip) (Zip) 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.											ed to							
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	es Ac	quired,	Dis	posed o	of, or l	Ben	eficial	ly Owned	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		3, 4 and Securitie Beneficion Owned		es ally Following	Form (D) o	n: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (D	) or ))	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 12/11					/2023	/2023			М		2(1)		A	\$0(1)	9,	824		D		
Common Stock 12/12					2/2023	2023			М		1(1)		A	<b>\$0</b> (1)	9,825		D			
		т							uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed 4. Date, Transa Code (		action	5. Number of		6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	S Fo Ily Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	0 N 0	lumber						
Dividend Equivalent Rights	(2)	12/11/2023			М			2 <sup>(2)</sup>	(2)		(2)	Commo Stock		2	\$0	6.438	3	D		
Dividend Equivalent	(3)	12/12/2023			М			1 <sup>(3)</sup>	(3)		(3)	Commo	on	1	\$ <mark>0</mark>	4.986	7	D		

Explanation of Responses:

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.

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

Date

Stock

\*\* 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.