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 and Address of Reporting Person*  LeMaitre Cornelia W  (Last) (First) (Middle)  C/O LEMAITRE VASCULAR, INC  63 SECOND AVENUE  (Street)  BURLINGTON MA 01803  (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]  3. Date of Earliest Transaction (Month/Day/Year) 07/12/2012  4. If Amendment, Date of Original Filed (Month/Day/Year)									X Dire X Offic V.P. Individual e)	tor 10% Owner er (give title Other (specify below)  Human Resources, Director or Joint/Group Filing (Check Applicable filed by One Reporting Person or filed by More than One Reporting			(specify tor Applicable
(* 3)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)  Common Stock  07/12/20					tion y/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transact Code (In 8)	ion	4. Securities Acquired Disposed Of (D) (Instr. and 5)		d (A) d	5. An Secu Bene Owne Follo Repo Trans (Instr	5. Amount of 6. Securities For Beneficially (D		nership : Direct ect (I) . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	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)	vative rity or Exercise Price of Derivative Security  Date (Month/Day/Year)  Date (if any (Month/Day/Year)		4. Transac Code (II 8)	saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Date Expiration Expiration Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amount or Numbrof Title Shares		ount	8. Price of Derivative Security (Instr. 5)	f derivative Perivative Securities Pecurity Beneficially		vnership rm: rect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

/s/ Brian J. Kickham Attorneyin-Fact 07/12/2012

\*\* Signature of Reporting Person Date

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

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.

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

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).