FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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	Check this box if no longer subject to							
\neg	Section 16. Form 4 or Form 5							
_	obligations may continue. See							
	Instruction 1(b).							

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 [*] Pellegrino Joseph P JR						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					-									X Direct	or		10% Ow	ner		
(Last)	(Fi	irst)	(Middle)		3. [Date o	f Earlie	est Tran	saction (N	/lonth	/Dav/Year)	\dashv	X Officer (give title below) Other (specific below)				pecify			
C/O LEMAITRE VASCULAR, INC.							3. Date of Earliest Transaction (Month/Day/Year) 08/23/2018								Chief Financial Officer					
63 SECOND AVENUE																				
OS SECOND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)								,				, , , ,	Line	e)	·					
BURLINGTON MA 01803															Form filed by One Reporting Person					
															Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	on-Deri	vativ	e Se	curiti	es Ac	quired	, Dis	sposed o	f, or Be	neficial	ly Owned	t					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				r) Ex	ZA. Deemed Execution Date, f any Month/Day/Year)		3. 4. Se Transaction Code (Instr.			curities Acquired (A) o esed Of (D) (Instr. 3, 4 a		5. Amount of		6. Owner Form: D (D) or Ir (I) (Instr	Direct of direct Er. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)		1	(Instr. 4)		
Common Stock 08/23/2					/2018	018			М		501 ⁽¹⁾	A	\$6.23	125,012		D				
Common Stock 08/23/2				/2018	2018			S		501	D	\$37.03	(2) 124	4,511	Γ)				
		-	Table II	- Deriva	ative	Secu	ıritie	s Aca	uired.	Dist	osed of,	or Ben	eficially	Owned			'			
											convertil									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution ar) if any (Month/E	n Date,	4. Transaction Code (Instr. 8)		n of l		6. Date Exercisable a Expiration Date (Month/Day/Year)		•	Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly O D O I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to	\$6.23	08/23/2018			M			501	07/25/201	2 ⁽³⁾	07/25/2019	Common Stock	501	\$0.00	46,060)	D			

Explanation of Responses:

- $1. \ Represents \ shares \ acquired \ upon \ exercise \ of \ options \ by \ the \ Reporting \ Person, \ as \ reported \ in \ Table \ II.$
- 2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$37.01 to \$37.12. 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.
- 3. This option is fully vested and exercisable.

Remarks:

/s/ Laurie Churchill, Attorneyin-fact

08/27/2018

** 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.