FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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

Name and Address of Reporting Person* Gebauer Peter R						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	,	rst) (Middle	e)		3. Date of Earliest Transaction (Month/Day/Year) 05/10/2011									below)	(give title	ernat	Other (s below) ional OP	pecify	
63 SECOND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BURLINGTON MA 01803					-										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	tate) (Zip)																	
		Tab	le I -	Non-Deri	vative	Sec	urit	ies A	cquired	l, Di	sposed of,	or Be	eneficia	ally	Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			Year) if	Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			4 and 5) Securitie Beneficia Owned		es Formalist (D)		n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership			
								Code V		Amount	(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common Stock 05/10/201					11	1			M		20,000	A	A \$0.102		48,492			D		
Common Stock 05/10/201				11	1			S		20,000	D	\$6.9172(1)		28,492			D			
			Ta								posed of, or convertible			Own	ied					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Exec if an		4. Transac Code (I 8)			Expiration Date (Month/Day/Year		ate Amount o		nt of ties lying tive	o D S (I	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to Buy)	\$0.102	05/10/2011			M			20,000	06/02/19	97 ⁽²⁾	06/02/2007 ⁽³⁾	Commo Stock	n 20,00	00	\$0	204,35	4	D		

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades at prices ranging from \$6.90 to \$6.95, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer or the Staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and prices at which the transaction was effected.
- 2. This stock option is exercisable and vests over a seven-year period as follows: (1) 8.29% on August 15, 1997; (2) 16.68% on May 15 of each of 1998, 1999, 2000, 2001, and 2002; and (3) 8.29% on May 15, 2003.
- 3. This stock option was originally reported on Form 3 as having an expiration date of June 2, 2007, but does not in fact have an expiration date. Because an expiration date is required to be reported, the originally reported expiration date is included for the sake of consistency.

/s/ Aaron M. Grossman Attorney-in-Fact 05/11/2011

** 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.