FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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 George W (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE						Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)									of Reportin cable) or (give title	g Per	. ,	wner	
															Chairman and CEO				
(Street) BURLINGTON MA 01803					II AME	enamen	i, Daie	oi Originai	riied	(MONUN/L	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip)																			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					ar)	CURITIES ACQ 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (I	3. 4 Transaction Code (Instr. 5		4. Securities Acquired (A)			5. Amou Securitie Benefici	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount (A) or (D)		or Pr	ice	Transact (Instr. 3	ion(s)			,iiisu. 4)	
		Т	able II - De (e.					quired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Code				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[5 (3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	et d
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber						
Dividend Equivalent Rights	(1)	09/09/2021		A		4		(1)		(1)	Common Stock	4		\$0	79		D		
Dividend Equivalent Rights	(2)	09/09/2021		A		8		(2)		(2)	Common Stock	8		\$0	142		D		
Dividend Equivalent Rights	(3)	09/09/2021		A		7		(3)		(3)	Common Stock	7		\$0	77		D		
Dividend Equivalent Rights	(4)	09/09/2021		A		9		(4)		(4)	Common	9		\$0	30		D		

Explanation of Responses:

- 1. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/22/2017 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock
- 2. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/19/2018 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock
- 3. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/20/2019 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock
- 4. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/2/2020 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock

/s/ Laurie A. Churchill, 09/13/2021 Attorney-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.