FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* LeMaitre George W (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE					<u>LF</u>	Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021										all app Direc	er (give title	X	10% O Other (below)	
(Street) BURLINGTON MA 01803 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
1 Title of 9	Security (Inct		1 - 1	Non-Deriva		Secu		_	qui	red, C	_	-			cially		ed ount of	I 6 0	wnership	7. Nature
Date					Execution		n Date	e, -	Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			r. 3, 4 and	5)	Securi Benefi Owned	Securities Beneficially Owned Following		m: Direct or rect (I)	of Indirect Beneficial Ownership
									Code	v	Am	nount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)
Common Stock				05/06/202	1				S		4	13,944	D	\$51.26	99(1)	2,592,425			D	
Common Stock 05/07/20					1				S		4	12,762	D	\$51.00	34(2)	2,549,663		D		
Common Stock 05/10/20					21				S		:	7,200	D	\$49.8666(3)		(3) 2,542,463		D		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, 1y nth/Day/Year)	Code 8)	ransaction of Code (Instr. Derivativ				Date Exprination lonth/Da	n Dai		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Title Share		t		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$50.75 to \$52.47. 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.
- 2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$50.66 to \$51.58. 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. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$49.06 to \$50.50. 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.

/s/ Laurie A. Churchill, Attorney-in-fact

05/10/2021

** 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.