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

Name and Address of Reporting Person*     Roberts David B					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last)	`	rst) (	Middle)	- 1	3. Date of Earliest Transaction (Month/Day/Year)  04/15/2016  X Officer (give title Other (specific below) below)  President and Director												specify				
63 SECOND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)										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				- 1		
(City)	(S	tate) (	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Exec if an	utio y	emed on Date, /Day/Year)			saction e (Instr.					nd 5) Securi Benefi Owned		ties Fo cially (D I Inc		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	e V	Aı	Amount (A) or (D) Price		Price					tr. 4)	(Instr. 4)	
Common Stock 04/15/2016									M		3	9,531(1)	A	\$	3	147,136			D		
Common Stock 04/18/201				16					S		]	1,766(2)	D	D \$16.1006 <sup>(3</sup>		145,370			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)	3A. Deemed Execution Date, if any (Month/Day/Yea	Co	Transactior Code (Instr		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Days				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		of De Se (In	Price erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				Co	ode	v	(A)	(D)		ate xercisable		Expiration Date	Title	Amo or Num of Sha	ber						
Stock Option (Right to Buy)	\$3	04/15/2016			M			39,531	1 07	7/27/2009 <sup>(4</sup>	4)	07/27/2016	Commo Stock	n 39,:	531	\$0.00	0		D		

## Explanation of Responses:

- 1. Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- 2. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$16.10 to \$16.11. 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.
- 4. This option is fully vested and exercisable.

## Remarks:

<u>Laurie A. Churchill, Attorney-in-fact</u> <u>04/19/2016</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.