FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name and Address of Reporting Person* Kamke Trent G				Ī	2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last)	,	rst) (Middle)	- 1	3. Date of Earliest Transaction (Month/Day/Year) 05/24/2017										X	below)	r (give title) enior V. P.	, Op	Other (s below) erations	specify	
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				-										1 ′	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(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/Yes					2A. Deen Execution if any (Month/D			te,		ansactio	on	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				Securit Benefic Owned	ties For Cially (C		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
							Co	de \	v .	Amount	(A) or (D)	Price					tr. 4)	(Instr. 4)			
Common Stock 05/24/2017										M		13,733(1)	A	\$	7.1	31	31,341		D		
Common Stock 05/24/2				7						S		15,780	D	\$30 .	.2802(2)		5,561		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/Year)	Cod		5. Num of (Instr. Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)		ivative urities uired or posed D) tr. 3, 4	Expiration ve (Month/Da es d		ion D		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		0 D S (I	. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	i is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				Cod	de	v	(A)	(D)		Date Exercis	able	Expiration Date	Title	or Nu of	ount mber ares						
Stock Option (Right to Buy)	\$7.1	05/24/2017		1	М			13,733	3 (07/26/20	011 ⁽³⁾	07/26/2018	Commo	n 13	,733	\$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. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$29.70 to \$30.89. 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 05/26/2017

** 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.