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 |
|---|-------------------------------------|
| П | to Section 16. Form 4 or Form 5     |
| Ш | 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*  Kamke Trent G           |  |        |        |           |          | LEM  | Issuer Name and Ticker or Trading Symbol     LEMAITRE VASCULAR INC [ LMAT ]      Date of Earliest Transaction (Month/Day/Year) |        |  |           |       |  |       |               |                            | heck  | all app  | hip of Reporting<br>oplicable)<br>ector<br>icer (give title |  | 10% C  |             |  |
|--|--|--------|--------|-----------|----------|--|--|--------|--|-----------|-------|--|-------|---------------|----------------------------|---|--|---|--|--|-------------|--|
| (Last)   | (  | (First | t) (N  | /liddle)  |          | 04/22/2014   |  |        |  |           |       |  |       |               |                            | X   | belov  |   |  | below)   |             |  |
| C/O LEMAITRE VASCULAR , INC.                                   |  |        |        |           |          |  |  |        |  |           |       |  |       |               |                            |   | 5  | Senior V. P   | ., Op  | erations   |             |  |
| 63 SECOND AVENUE   |  |        |        |           | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |  |        |  |           |       |  |       |               |                            | 6. Individual or Joint/Group Filing (Check Applicable |  |   |  |  |             |  |
| (Street)   |  |        |        |           |          |  |  |        |  |           |       |  |       |               |                            |   | Line)<br>  X Form filed by One Reporting Person  |   |  |  |             |  |
| , ,  | BURLINGTON MA 01803  |        |        |           |          |  |  |        |  |           |       |  |       |               |                            | Form filed by More than One Reporting Person          |  |   |  |  | orting      |  |
| (City)   | (  | (Stat  | te) (Z | ľip)      |          |  |  |        |  |           |       |  |       |               |                            |   |  |   |  |  |             |  |
|  |  |        | Table  | e I - N   | on-Deriv | ative S  | Secu   | ıritie | s Acc  | juired, [ | Disp  | osed o   | f, or | Bene          | eficia                     | ally  | Owne   | ed  |  |  |             |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day) |  |        |        |           | - 1      | Execution Date,  |  |        | 3. Transaction Disposed Of (D) (Instr. 3 and 5)  |           |       |  |       |               | 3, 4 Secui<br>Bene<br>Owne |   | cially<br>I  | Forr<br>(D) o   | wnership<br>m: Direct<br>or<br>rect (I)<br>tr. 4)                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |             |  |
|  |  |        |        |           |          |  |  |        |  | Code      | v     | Amount   |       | (A) or<br>(D) | Price                      | ,   | Following Reported Transaction(s) (Instr. 3 and 4)   |   | (IIIst   | u. 4)  | (111501. 4) |  |
| Common Stock 04/22/2   |  |        |        |           |          | 014  |  |        | F  |           | 71(1) |  | D     | \$8.12        |                            | 16,070  |  |   | D  |  |             |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |        |        |           |          |  |  |        |  |           |       |  |       |               |                            |   |  |   |  |  |             |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | erivative Conversion Date<br>ecurity or Exercise (Month/Day/Year) if any   |        |        | ion Date, | Code (Ir | of Dode (Instr. 8)  of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  |        | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |           |       | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amount or Numbro of Shares |       |               | nt<br>er                   |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |   | IO.<br>Ownership<br>Form:<br>Direct (D)<br>Or Indirect<br>I) (Instr. | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |             |  |

## Explanation of Responses:

1. These shares represent shares withheld by the Issuer to satisfy tax withholding obligations incurred upon the vesting of restricted stock units awarded to the reporting person on April 22, 2009. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.

/s/ Laurie Churchill, Attorneyin-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.