FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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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

LeMaitre Cornelia W  (Last) (First) (Middle)  C/O LEMAITRE VASCULAR, INC						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]  3. Date of Earliest Transaction (Month/Day/Year) 03/11/2010  4. If Amendment, Date of Original Filed (Month/Day/Year)								(Ch	X Dir X Of be V.I ndividuae) X Fo	tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) below)  V.P., Human Resources, Director idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person		
		Table	e I - N	on-Deriv	ative S	ecu	ıritie	s Aca	uired. C	)isp	osed of	f. or	Bene	ficia	llv Ow	ned		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)  Common Stock 03/11/24					etion ny/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transact Code (In 8)	ion	4. Securities Acquired Disposed Of (D) (Instr. and 5)  Amount (A) or (D)		d (A) d	Sec Ber Own Fol Rep Tra (Ins	mount of urities eficially	6. Ownersh Form: Dire (D) or Indirect (I) (Instr. 4)		
Common	Stock	Ta		curit	ties /	Acqui	red, Dis	pos										
1. Title of Derivative Security (Instr. 3)	(e.g., p  Title of 2. 3. Transaction Date Conversion or Exercise (Month/Day/Year)  (month/Day/Year)  (e.g., p		4. Transac Code (Ir	s. calls, warrants, of the control o			Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying		8. Price of Derivativ Security (Instr. 5)	9. Number derivative Securities Beneficially	Owners Form: Direct ( or India (I) (Inst	Beneficial Ownership ect (Instr. 4)			

Explanation of Responses:

<u>/s/ Aaron M. Grossman</u> <u>Attorney-in-Fact</u> <u>03/11/2010</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).