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

1. Name and Addr LeMaitre Co	•	•	2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O LEMAITR	(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC		3. Date of Earliest Transaction (Month/Day/Year) 04/15/2015	Officer (give title X Other (specify below) VP, Human Resources, Director					
63 SECOND A (Street) BURLINGTON		01803	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State)	(Zip)		Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Ir	Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr.			5. Amount of Securities Beneficially Owned	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	04/15/2015		S		2,758 ⁽¹⁾	D	\$ 8.4574 ⁽²⁾	350,982	Ι	By spouse
Common Stock	04/16/2015		S		14,342(1)	D	\$ 8.5705 ⁽³⁾	336,640	Ι	By spouse
Common Stock								168,319	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

		(0.9., p	uto, oui	,	marre	unto,	opuono, c		10 000	unaco,	_			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.

2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$8.42 to \$8.49. 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 \$8.49 to \$8.64. 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.

Remarks:

Laurie A. Churchill, Attorney-	04/17/2015
in fact	04/1//2015

in-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.