FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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* LeMaitre Cornelia W (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC 63 SECOND AVENUE (Street) BURLINGTON MA 01803					3. Dat 03/03	Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] One of Earliest Transaction (Month/Day/Year) One of Earliest Transaction (Month/Day/Year) If Amendment, Date of Original Filed (Month/Day/Year)								Check X X	X Officer (give title Other (specify below) below) VP, Human Resources, Director Individual or Joint/Group Filing (Check Applicable ine)				
(City)	(Sta	ate) (Z	ľip)												Pers	Person			
		Tabl	e I - Non-I	Deriva	ative S	Secu	ıritie	s Ac	quire	ed, Di	sposed o	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,) if any (Month/Day/Year)		te,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Secur Benet Owne		icially d	6. Ownership 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 S	03/0	3/05/2014					S		6,050	D	\$8.13	22(1)	4	10,237	I	By spouse			
Common Stock 03/00				6/201	14				S		900(2)	D	\$8.33	88.3322(3)		09,337	I	By spouse	
Common Stock															174,581				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (Applied of (D) (Instr. 3, 4 and 5)		Expiration I (Month/Day/		Date	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		Secu (Ins	vative Surity I	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	or Number of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$8.10 to \$8.20. 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.
- 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 \$8.30 to \$8.36. 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.

<u>Laurie A. Churchill, Attorney-</u> <u>03/07/2014</u>

** 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.