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

| 1. Name and Address of Reporting Person* Roberts David B (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE (Street) BURLINGTON MA 01803 (City) (State) (Zip) | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2014 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner Officer (give title Other (specify below) President ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
|---|--|--|------|--|-----------------|---|-------------------------------------|--|---------------------------------------|--|--|----------|-----------|---|--|--|--|---|
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye) Common Stock 10/31/2014 | | | | | n 2 Eear) ii | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transa Code (I 8) Code | ction | 4. Securities Disposed Of Amount 3,500 | s Acquir | ed (A) or | nd 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | 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) | ve Conversion or Exercise (Month/Day/Year) Date (Month/Day/Year) Frice of Derivative Security Date (Month/Day/Year) Da | | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | vative rities iired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$7.00 to \$7.14. 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.

/s/ Laurie Churchill, Attorney <u>In Fact</u> <u>1</u>

** Signature of Reporting Person

11/03/2014

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.