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* <u>LeMaitre Cornelia W</u>							2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]											ip of Reporting F olicable) ctor		erson(s) to			
(Last)	(First) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/21/2010										X	Office belov	er (give title w)		Other below)	(specify		
C/O LEMAITRE VASCULAR, INC																	V.P.,	Human Re	esour	rces,Direc	tor		
63 SECOND AVENUE						4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BURLINGTON MA 01803																X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Stat	e) (Z	Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						y/Year)	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)						3, 4 Secu Bend Own		icially d	Forn (D) c Indii	wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount		(A) or (D)	Price	.	Following (I Reported Transaction(s) (Instr. 3 and 4)		(III at	u . 4)	(111341. 4)		
Common Stock 05/21/20							2010			S		50,00	0	D	\$5.	28	8 443,939			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
Derivative Conversion Date			3. Transaction Date Month/Day/Year)	if any	emed ion Date, n/Day/Year)	Code (In	ransaction of Derivative Security (A) of Disproof (Disproof (Dispr		rities ired r osed . 3, 4	6. Date Expiration (Month/D	n Datay/Ye	te ear) Expiration	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amoor Num of Title Shar Shar Shar Shar Shar Security (Ins 5 Shar Shar Shar Shar Shar Shar Shar Shar		ount	8. Pr of Deriv Secu (Instr	derivative Securities rity Beneficiall		/ D O (I	IO. Ownership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

<u>/s/ Aaron M. Grossman</u> <u>Attorney-in-Fact</u> <u>05/26/2010</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.

 $^{^{\}star}$ 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).