FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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

					or Sec	tion 3	30(h) c	of the	Investme	ent Co	ompany Act o	of 1940								
Name and Address of Reporting Person* LeMaitre George W					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 X 10% Owner						
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023									X Officer (give title below) Other (specify below) Chairman and CEO					specify	
63 SECOND AVENUE					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)	(St	ate) (Z	(ip)		Rule 10b5-1(c) Transaction Indication															
											nsaction was r tions of Rule 1					truction or wr	itten p	olan that is int	ended to	
		Table	- N	on-Deriva	tive S	ecui	ities	Ac	quired	, Dis	sposed of	f, or E	Benefic	ially	/ Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,		,				es Acquired (A) o Of (D) (Instr. 3, 4		and Securi Benefi Owned Follow		rities Fo ficially (D ed In wing (Ir		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)					
Common Stock 05/19/)23				S		6,150	D	\$62.5	54 ⁽¹⁾	2,347,258			D		
Common Stock 05/19/20					23				S		948	D	\$63.4	2,346,310		46,310	D			
	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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		vative urities uired or osed o) r. 3, 4	Expiration (Month/Day es d			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and				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 (Instr. 4)	
				Coc		v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Number of Shares	er						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$62.30 to \$63.29. 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. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$63.30 to \$63.92. 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/ Val Gertz

05/23/2023

** 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.