FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								
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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).

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* Pellegrino Joseph P JR						2. Issuer Name <b>and</b> Ticker or Trading Symbol  LEMAITRE VASCULAR INC [ LMAT ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															X	Director	•		10% Ow	ner	
(Last)		First)	(Middle)		3.	Date of Earliest Transaction (Month/Day/Year)									- X	Officer below)	Officer (give title pelow)		Other (s below)	pecify	
							06/17/2019									Cl	Chief Financial Off			icer	
	OND AVE																				
		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)															Line)						
BURLIN	IGTON :	MA	01803												X	Form filed by One Reporting Person				1	
					_											Form fil Person		e than	One Repor	ting	
(City) (State) (Zip)															. 0.00						
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		ıa	ble I - No			_			qu	iirea, Di	÷		-								
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,		, Transaction Disposed Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 an			Beneficia	es Form		: Direct   I r Indirect   I	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						(Month) Day, real,			Ť	′ <del>                                    </del>			(A) or Price			Reported Transaction(s)					
										Code V	Amount		(A) (D)	"   F	Price	(Instr. 3 a	and 4)				
Common Stock 06/17/						2019				М		46,060 <sup>(1)</sup> A		\$6.23	173	173,113		D			
			Table II -	Deriv	ative	Sec	uriti	es Aco	wir	ed. Dis	nos	sed of	or Ben	efic	ially (	Owned					
				(e.g.,	puts,	, cal	s, w	arrants	s, o	ptions,	COI	nvertib	le seci	ıriti	es)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	4. Transactio Code (Insti				6. Exp	Date Exerci piration Da onth/Day/Y	isable te	of Secur r) Underlyi Derivativ		itle and Amount Securities		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat	te ercisable	Ex <sub> </sub>	piration ate	Title	or Nu of	nount imber ares						
Stock Option (Right to Buy)	\$6.23	06/17/2019			M			46,060	07/	/25/2012 <sup>(2)</sup>	07/	/25/2019	Commor Stock	46	5,060	\$0	0		D		

## **Explanation of Responses:**

- 1. Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- 2. This option is fully vested and exercisable.

/s/ Laurie A. Churchill, Attorney-in-fact 06/19/2019

\*\* 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.