FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																				
1. Name and Address of Reporting Person* SHADAN MARTHA						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>grin ib</u>	11 (1/12 11)														Directo			10% Ov	·		
(Last)	(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/29/2024									Officer below)	(give title		Other (s below)	pecify		
63 SECOND AVENUE																					
03 SECOND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														Form filed by One Reporting Person							
BURLINGTON MA 01803														Form filed by More than One Reporting Person							
(City) (State) (Zip)																					
		Tab	le I - Non-l	Deriva	tive S	Seci	urities	Ac	quired, E	isp	osed c	of, or Be	neficia	lly O	wned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution			Date,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securiti		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	,	Amount	(A) or (D)	Price	Ti	ransact nstr. 3 a	tion(s)			(Instr. 4)		
		7	Table II - Do (e						uired, Di					y Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis. Expiration Date (Month/Day/Yea			7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	Deri	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Di or (l)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	de V	v (A)		(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares								
Dividend Equivalent Rights	(1)	08/29/2024		I	A .		0.7254		(1)		(1)	Common Stock	0.7254	1	\$0	7.4911		D			
Dividend Equivalent Rights	(2)	08/29/2024		I	Λ .		0.7254		(2)		(2)	Common Stock	0.7254	1	\$ 0	6.5024		D			
Dividend										Т											

Explanation of Responses:

- 1. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/12/22 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- 2. These dividend equivalent rights accrued on a Performance Share Unit (PSU) award granted on 12/12/22 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- 3. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/8/23 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

/s/ Nathaniel R.J. Ulrich

09/03/2024

** 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.