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 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

| Name and Address of Reporting Person* Gebauer Peter R | | | | | | | Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app | onship of Reporting Il applicable) Director Officer (give title | | 10% C | | |
|--|--|-------|--------|-----------|---|---------|--|----------------------|--------------------------------------|--|------------|---|--|---------------|----------|--------------------------|--|--|--|--|---|--|
| (Last) | Last) (First) (Middle) | | | | | | 05/02/2009 | | | | | | | | | X | below) | | | below) | | |
| C/O LEMAITRE VASCULAR, INC. | | | | | | | | | | | | | | | | | President, International OP | | | | | |
| 63 SECOND AVENUE | | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| BURLINGTON MA 01803 | | | | | | | | | | | | | | | | | Form Pers | filed by Mor | e tha | n One Rep | oorting | |
| (City) | (| (Stat | te) (Z | ľip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | | | | 3, 4 Secu Bene Own | | rities I eficially (ed I | | wnership n: Direct or rect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Repor Trans | Following Reported Transaction(s) (Instr. 3 and 4) | | | (111341. 4) | |
| Common Stock 05/02/20 | | | | | | | .009 | | | F | | 95(1) | | D | \$2.55 | | 53,006 | | | 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) | erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | | ion Date, | Transaction of Code (Instr. 8) Sec (A) Dis of (| | | osed) ·. 3, 4 | 6. Date Ex Expiration (Month/D | n Datay/Ye | ee ear) | r) Amount of Securities Underlying Derivative Security (Instra 3 and 4) | | | ut or | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | IO. Ownership Form: Direct (D) or Indirect I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. These shares represent shares withheld to satisfy tax withhelding obligations incurred upon the vesting of restricted stock units awarded to the reporting person on May 2, 2007. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.

/s/ Aaron M. Grossman Attorney-in-Fact

05/27/2009

** 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.