FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Inchinaton	$D \subset$	20540	
/ashington,	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).

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>Jasinski Lawrence J</u>					LE	2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									(Ch	eck all appli	or		10% Owner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/09/2023													Other (s below)	specify		
C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) BURLINGTON MA 01803																	filed by More than One Reporting n					
(City)	(S	state)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst									it to a con e Instructi	a contract, instruction or written plan that is intended to struction 10.						
		Tab	le I - No	n-Deriv	ative/	Se	curit	ies A	cqı	uired,	Dis	posed c	of, o	r Ben	eficial	ly Owne	d					
Date				2. Transa Date (Month/I		E) if	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Benefic Owned	es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 05/0					/2023	2023			M		2,500	2,500(1)		\$35.4	11	11,810		D				
Common Stock 05/0					/2023	2023				М		1,148	(1)	A	\$48.	6 12	12,958		D			
Common Stock 05/09/2					/2023	2023				S		3,648 D		\$66	9,310			D				
		Т	able II -									osed of, onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	e, Transaction of Code (Instr. Secur 8) Secur Acqui (A) or Dispo of (D)			erivative courities cquired) or sposed ((D) str. 3, 4			Amount of				8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)			
					Code	v	(A)	(D)	Da Ex	ate xercisable		Expiration Date	Title		Amount or Number of Shares							
Stock Option (Right to Buy)	\$35.48	05/09/2023			M			2,500	12/	/20/2019 ⁽	2) 1	2/20/2024		nmon ock	2,500	\$0	0		D			
Stock Option (Right to	\$48.6	05/09/2023			M			1,148	12	/11/2021 ⁽	3) 1	2/11/2026		nmon ock	1,148	\$0	2,296		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.
- 3. Represents a stock option award that vests on a time-based schedule as follows: 33 1/3% of the award vests on the anniversary of the grant date listed in the table, with the balance besting in equal annual installments over the remaining two years.

/s/ Val Gertz

05/11/2023

** Signature of Reporting Person

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.