FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

こしし	KH	Э.	AND	JUNI	IGE	COIN	IINI 12	SIC	ŊΝ

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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
Instruction 10.

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*							2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
O'Connor John James							LEMAITRE VASCULAR INC [LMAT]								V	Directo	,		10% Ov	wner	
,		3 [2. Data of English Transaction (Month/Day/Year)										Officer below)	(give title		Other (s	specify				
(Last)	(F		3. Date of Earliest Transaction (Month/Day/Year) 11/25/2024										Delow)			below)					
		ASCULAR, INC																			
63 SECC	OND AVEN	4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)					1									Li	Line)						
, ,	IGTON M	ΙA	01803												Form filed by One Reporting Person Form filed by More than One Reporting						
																Person		C triai	TOTIC REPO	itiiig	
(City) (State) (Zip)																					
		Tab	le I - No	n-Deriv	ativ	e Se	curit	ties Ac	qui	ired, D	is	posed o	f, or Be	neficia	ally	Owned					
1. Title of	Security (Ins	ion 2A. Deemed Execution Date.				3. 4. Securiti Transaction Disposed			ies Acquire Of (D) (Ins	ed (A) or		5. Amount of Securities		6. O		7. Nature of Indirect					
Date (Month/Da									´ c	Code (Instr. 5)		OI (D) (IIIs	u. 3, 4 ai	Beneficia		ally (D)		or Indirect	Beneficial Ownership		
									` -	'	_		(A) or Price			Reported	d			(Instr. 4)	
								_ c	Code V		Amount	(A) (I	Price		(Instr. 3						
Common Stock 11/25/							2024			M		7,500	7,500 ⁽¹⁾ A \$.48	56,663			D		
			Table II -	Deriva	tive	Sec	uritie	es Acc	uire	ed, Dis	spo	osed of,	or Ben	eficial	y O	wned					
				(e.g., p	outs,	cal	ls, wa	arrants	s, op	ptions	, с	onvertil	ole secu	ırities)							
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					4.				6. Date Exercisable and Expiration Date			7. Title and Amount of			Price of	9. Number of derivative		10.	11. Nature		
						ransaction code (Instr.)							Securities	5	S	erivative ecurity nstr. 5)	Securities Beneficially		Ownership Form: Direct (D)	Beneficial Ownership	
Derivative Security						Acquired (A) or						Derivative	Securit	ty 🗋 É		Owned Following			(Instr. 4)		
							Disposed			(mat. 3 and				11u 4)			Reported		(1) (111541. 4)		
							of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)				
										Amo		_									
														or Numbe							
					Code	l,	(A)	(D)	Date	rcisable		Expiration Date	Title	of Shares							
Stock						Ė	()	-/			Ť		<u> </u>	1	+					+	
Option (Right to Buy)	\$35.48	11/25/2024			M			7,500	12/20	0/2019 ⁽²⁾		12/20/2024	Common Stock	7,500		\$0	0		D		

Explanation of Responses:

- 1. Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- 2. The option is exercisable and vests over a three-year period at a rate of 33 1/3% on the first anniversary of the date listed in the table, with the balance vesting in equal annual installments over the remaining two years.

/s/ John Pitfield

11/27/2024

** 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.