FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

Name and Address of Reporting Person* LeMaitre George W						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Leman											1	Direc	tor		10% O\	wner				
(Last)	ast) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/16/2024										1	— below)			Other (s below)	specify
C/O LEN											Chairman and CEO									
63 SECOND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)					pplicable
(Street)															1	Form	filed by One	e Rep	oorting Pers	on
BURLINGTON MA 018)3		Form filed by More than One Reporting Person														
(City) (State) (Zip)					Rul	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Yea	Exe r) if a	2A. Deemed Execution D if any (Month/Day/		Date, Trai		ı Dis	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5) Secur Benef Owne Follow		icially d ving	Fori (D) Indi	m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Cod	de V	An	nount	(A) or (D)	Pric	e		Reported Transaction(s) (Instr. 3 and 4)				
Common Stock				07/16/2024				S		5	57,372 D \$86.69		6.6937 ⁽	1)(2)	2) 1,900,956			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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Derivative Conversion Date Security Or Exercise (Month/Day/Year) if			Exe if a	. Deemed ecution Date, iny onth/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		Ai Se Ui De Se	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date		N O	Amount or Number of Shares						

Explanation of Responses:

- 1. Adoption date of referenced 10b5-1(c) plan is: 06-02-2023
- 2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$86.45 to \$86.98. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.

/s/ Nathaniel R.J. Ulrich

07/18/2024

** 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.