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

Instruct	tion 10.																				
Name and Address of Reporting Person* Pough John A						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Roush John A					1										1	Direc	or		10% Ov	vner	
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, 63 SECOND AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 12/06/2024										Office below	r (give title)	e Other (sp. below)		specify		
AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)					-	_ , , , , ,										Line)					
(Street) BURLINGTON MA 01803															Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	tate)	(Zip)																		
		Tab	le I - Non	-Deriv	vativ	e Se	curitie	s Ac	qui	red, D	isp	osed o	f, or	Bene	eficiall	y Owne	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		Code (Inst							Benefic	es ially Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									[Code	,	Amount	((A) or (D)	Price	Transa (Instr. 3	tion(s)			(111501. 4)	
Common Stock 12/06				6/202	/2024				A		420(1)		A	\$ <mark>0</mark>	2,698			D			
Common Stock																181		I	By wife		
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	Code (In				Expi	Date Exercisable and piration Date onth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price o Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable		xpiration ate	Title	o N	Amount or Number of Shares						
Stock Option (Right to Buy)	\$101.12	12/06/2024			A		2,594		12/00	6/2024 ⁽²⁾	13	2/06/2029	Comi		2,594	\$0	2,594	4	D		

Explanation of Responses:

- 1. Represents a restricted stock unit 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 vesting in equal annual installments over the remaining two years.
- 2. This 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

12/10/2024

** 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.