FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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 7								
1. Name and Address of Reporting Person* SHADAN MARTHA					LI	2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] 3. Date of Earliest Transaction (Month/Day/Year)								(Che	Relationship of Reporting Person((Check all applicable) X Director Officer (give title)				n(s) to Issuer 10% Owner Other (specify
(Last)	(First)	(Middle)			12/08/2023									below)			below)	pecity
		ASCULAR, INC	2.		4.1	lf Ame	endment,	Date	of Original	Filed	(Month/Da	ıy/Year)		6. Inc		oint/Group	Filing	(Check App	olicable
63 SECOND AVENUE					-							- 1 '	X Form filed by One Reporting Person						
(Street) BURLINGTON MA 01803					Form filed by More than One Reporting Person														
— U1803				- Ri	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					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.														
		Tab	le I - Nor	ı-Deriv	vativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	ene	ficially	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 ar			5. Amour Securitie Beneficia Owned F	s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
							Code		Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12/08/					8/202	3/2023			A		512 ⁽¹⁾ A		\$ <mark>0</mark>	1,105			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (of E		6. Date Exercisabl Expiration Date (Month/Day/Year)		Amount of		of es ng /e Se		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code V (A) (D) Exercisable Date Expiration Of Shares																	
Stock Option (Right to	\$54.65	12/08/2023			A		2,772		12/08/2023	(2) 1	2/08/2028	Common	2	2,772	\$0	2,772		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/ David. Hissong

12/12/2023

** 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.