SEC For	m 4 FORM	4	UNITE	D ST/	ATE:	s s	ECUR	ITI	ES AND	EXCHA	NGE C	сомм	ISSION					
Section 16. Form 4 or Form 5 obligations may continue. See				Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP												OMB APPROVAL OMB Number: 3235-0 Estimated average burden hours per response:		
Check transac contrac the pur securiti to satis	chase or sale of ies of the issue ify the affirmation ons of Rule 10t	pursuant to a written plan for of equity r that is intended ve defense		Fi					a) of the Secu Investment C			934					1	
1. Name and Address of Reporting Person [*] Ross Bridget A						2. Issuer Name and Ticker or Trading Symbol <u>LEMAITRE VASCULAR INC</u> [LMAT]							eck all applie	cable) or	10% Owne		wner	
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/05/2024							Officer (give title Other (specify below) below)					
63 SECOND AVENUE (Street) BURLINGTON MA 01803					- 4.1	Line)								oint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					saction	ear)	2A. Deemo Execution if any (Month/Da	ed Date,	3. Transactio Code (Inst r)	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amount of 6. 0 Securities Fo Beneficially (D)		Form (D) o	n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V	Amount	(D)	Price	(Instr. 3 and 4)					
		-							uired, Dis 5, options,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transactior Code (Instr 8)				6. Date Exerc Expiration D (Month/Day/1	ate	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	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)	Beneficia Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Dividend Equivalent Rights	(1)	12/05/2024			A		0.3103		(1)	(1)	Common Stock	0.3103	\$0	7.984	16	D		
Dividend Equivalent Rights	(2)	12/05/2024			A		0.6284		(2)	(2)	Common Stock	0.6284	\$0	8.119	95	D		
Dividend Equivalent Rights	(3)	12/05/2024			A		0.6284		(3)	(3)	Common Stock	0.6284	\$0	7.130	8	D		
Dividend Equivalent Rights	(4)	12/05/2024			A		0.8043		(4)	(4)	Common Stock	0.8043	\$0	4.009	19	D		

Explanation of Responses:

1. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/11/2021 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

2. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/12/2022 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

3. These dividend equivalent rights accrued on a Performance Share Unit (PSU) award granted on 12/12/2022 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

4. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/8/2023 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

<u>/s/ John Pitfield</u> ** Signature of Reporting Person 12/09/2024

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.