FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL												
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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. Name and Address of Reporting Person* Kamke Trent G (Last) (First) (Middle) C/O LEMAITRE VASCULAR , INC.					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] 3. Date of Earliest Transaction (Month/Day/Year) 09/08/2022									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Senior V. P., Operations						
63 SECOND AVENUE (Street) BURLINGTON MA 01803 (City) (State) (Zip)						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ction 2A. De			3. Transac Code (li 8)	tion	4. Secur	ities Acqui	red (A) o	or and	5. Amount of Securities Beneficially Owned Follor Reported		following diction(s) 6. Ownersh Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year		r) Amount of Securities Underlying		t of ies /ing ive Security		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Ownership	Beneficial Ownership t (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amour or Number of Shares	er						
Dividend Equivalent Rights	(1)	09/08/2022			A		1		(1)		(1)	Common Stock	1		\$0	8		D		
Dividend Equivalent Rights	(2)	09/08/2022			A		1		(2)		(2)	Common Stock	1		\$0	9		D		
Dividend Equivalent Rights	(3)	09/08/2022			A		1		(3)		(3)	Common Stock	1		\$0	6		D		
Dividend Equivalent Rights	(4)	09/08/2022			A		2		(4)		(4)	Common Stock	2		\$0	8		D		

Explanation of Responses:

- 1. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/19/2018 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 12/20/2019 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 restricted stock unit award granted on 12/2/2020 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 12/11/2021 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock

/s/ Laurie A. Churchill, 09/12/2022 Attorney-in-fact

** 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.