FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person* Roberts David B														5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
(Last)			(Middle)			3. Date of Earliest Transaction (Month/Day/Yea 02/13/2024								\dashv	X	below)	(give title		10% Owner Other (specify below)			
C/O LEMAITRE VASCULAR, INC.						President and Director																
63 SECOND AVENUE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X	X Form filed by One Reporting Person						
BURLIN	IGTON M	A	01803												Form filed by More than One Reporting Person							
(City) (State) (Zip)						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.																
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ties A	cqı	uired, l	Dis	posed o	f, or Be	nefic	ially	Owned						
Date					2A. Deemed Execution Date, if any (Month/Day/Yea			e, Transaction Dispo Code (Instr. 5)		Disposed	rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Followi Reported		Form (D) o	n: Direct r Indirect sstr. 4)	of Indirect t Beneficial Ownership				
										Code	v	Amount	(A) o (D)	Pric	Trans		ed ction(s) 3 and 4)			(Instr. 4)		
Common Stock 02			02/13	3/202	/2024			M		4,244	(i) A	\$2	3.56	16,682			D					
Common Stock 02/1:			3/202	4				M		2(2)	D	\$	0(2)	16,680			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,		ransaction code (Instr.		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year)		Amount		of s ng e Secur nd 4)	ity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	S F	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exc	ite ercisable		Expiration Date	Title	Amou or Numl of Share	er							
Stock Option (Right to Buy)	\$23.56	02/13/2024			M			4,244	12/	/19/2018 ^{(.}	3)	12/19/2025	Common Stock	4,24	4	\$0	122		D			

Explanation of Responses:

- 1. Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- 2. Represents shares from the release of fractional dividend equivalent rights returned to company.
- 3. This option is exercisable and vests over a five-year period at a rate of 20% on the first anniversary of the date listed in the table, with the balance vesting in equal annual installments over the remaining four

/s/ David C. Hissong

02/15/2024

** 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.