FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

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
I4

Instruct	tion 10.																				
1. Name and Address of Reporting Person * Ross Bridget A						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									elationship of the control of the co	able)	g Pers	on(s) to Iss			
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC.						Date of 106/2		t Tran	saction (I	Month.	/Day/Year)		Officer below)	(give title	Othe belov		specify				
63 SECOND AVENUE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BURLINGTON MA 01803														Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																		
		Tab	le I - Non-	Deriva	ative	Se	curitie	s Ac	quired	, Dis	sposed o	f, or B	ene	ficiall	y Owned	l					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar)	A. Deemed Execution Date, f any Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		ties Acqu d Of (D) (Ir	ired (nstr. 3	(A) or 3, 4 and	Benefici	es Formally (D) (I) (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) or (D)		Price	Transact (Instr. 3	ion(s)			(111341. 4)		
Common Stock 12/06					5/2024		A		420(1	420 ⁽¹⁾ A		\$ <mark>0</mark>	2,698			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 Date if any (Month/Day/Yes	ate, Ti	4. Transacti Code (Ins 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	ode	v	(A)	(D)	Date Exercisa	ole	Expiration Date	Title	or Ni of	umber							
Stock Option (Right to Buy)	\$101.12	12/06/2024			A		2,594		12/06/202	24 ⁽²⁾	12/06/2029	Common Stock	2	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.

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.