FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Roberts David B  (Last) (First) (Middle)  C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE  (Street)  BURLINGTON MA 01803						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]  3. Date of Earliest Transaction (Month/Day/Year) 11/23/2015  4. If Amendment, Date of Original Filed (Month/Day/Year)										Check X X	all app Direct Office below idual comments	ionship of Reporting Person(s) to Issall applicable) Director 10% Ow Officer (give title Other (spelow) President and Director  dual or Joint/Group Filing (Check Ap Form filed by One Reporting Person Person			
(City)	(St	(State) (Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date				2. Transaction Date (Month/Day/Ye	Execution ar) if any		ition	on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) Secu Bene Own		ficially	Forr (D) o	wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					C		ode	v	Amount		A) or D)	Price		Repo Trans	Reported Transaction(s) (Instr. 3 and 4)		,	(			
Common	11/23/201	.5					S		5,000		D	\$15.93	329 <sup>(1)</sup>	1	175,839		D				
Common Stock				11/25/201	5					S		5,000		D	\$15.97	75(2)	1	170,839		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)	tive Conversion Date ty or Exercise (Month/Day/Year) if any					5. Nu of Deriving Securing (A) on Disport of (D) (Instr. and 5		ative ities red sed	Expi	iration	xercisable and in Date lay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Secu (Inst	vative irity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, G G O (I 4	0. Dwnership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Cod	Code V		(A) (D)		Date Exercisab		Expiration e Date		Num of Title Shar							

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$15.88 to \$16.00. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.
- 2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$15.90 to \$16.04. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.

## Remarks:

<u>Laurie A. Churchill, Attorney-</u> 11/25/2015 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.