FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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

Name and Address of Reporting Person*     Gebauer Peter R						2. Issuer Name and Ticker or Trading Symbol  LEMAITRE VASCULAR INC [LMAT]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner						
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/25/2016									Officer (give title below)			Other (s	specify		
C/O LEMAITRE VASCULAR, INC.																President, International OP					
63 SECOND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X Form filed by One Reporting Person						
BURLINGTON MA 01803															Form filed by More than One Reporting Person						
(City)	(St	ate) (	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/						Execution Date,			3. Transact Code (In 8)			. Securities Acquired (/ isposed Of (D) (Instr. 3 nd 5)			5. Amor Securiti Benefic Owned	es ially	Forr (D) c	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	ount (A) or		ce	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)				
Common Stock 07/25/20						016			A		2,035 <sup>(1)</sup> A		\$0	0.00	55,374			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)	) if any	on Date,	4. Transac Code (In 8)		on of E		6. Date Exe Expiration (Month/Da	Date		and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)	Amount or Number of (D) Exercisable Date Title Shares													
Stock Option (Right to Buy)	\$14.13	07/25/2016			A		19,769		07/25/2016 <sup>(</sup>	2) 0	7/25/2023	Common Stock	19,76	59	\$0.00	19,769		D			

## Explanation of Responses:

- 1. Represents a restricted stock unit award that vests on a time-based schedule as follows: 20% 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 four years. This award includes a provision for the withholding of shares by the Issuer to pay the withholding taxes due on each vesting date.
- 2. 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 years.

## Remarks:

/s/ Laurie Churchill, Attorneyin-fact 07/27/2016

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.