FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
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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*  LeMaitre Cornelia W							2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Leiviaitie Comena vv						<u> </u>									X Direc	tor		10% O	wner			
(Last)		(Firs	t) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/25/2012									X Office below	er (give title w)		Other (specify below)			
C/O LEMAITRE VASCULAR, INC																	V.P., Human Resources, Director					
63 SECOND AVENUE						-																
OS SECOND AVENUE								ndment,	, Date	e of Original	Filed	d (Month/	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)		(Sta	te) (	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/							Exe if a	Deeme cution ny onth/Day	Date,	, Transaction Dispos Code (Instr. and 5)			urities Acquired ( sed Of (D) (Instr. 3			Securi Benefi Owned	cially I	For (D) Indi	irect (I)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amoun	t (A) or (D)		Price	Report Transa	ellowing eported ansaction(s) estr. 3 and 4)		tr. 4)	(Instr. 4)		
Common Stock 07/27/20								012		F		181	81 <sup>(1)</sup> D		\$6.1	8 25	58,676		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
					(e.g., p	uts, ca	IIIS,	warr	ants	s, options	5, CC	onverti	DIE SEG	uriti	es)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercis Price of Derivative Security	n [	3. Transaction Date (Month/Day/Year)	if any	emed on Date, (Day/Year)	4. Transact Code (In 8)		on Number		6. Date Exe Expiration (Month/Day	Date		e and 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		∵. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
						Code	v	(A)	(D)	Date Exercisable	Ex Da	piration	Title	or	nber res							
Stock Option (Right to Buy)	\$6.23		07/25/2012			A		6,531		07/25/2012 <sup>(2</sup>		7/25/2019	Common	6,5	31	\$0	6,531		D			

## **Explanation of Responses:**

- 1. These shares represent shares withheld to satisfy tax withhelding obligations incurred upon the vesting of restricted stock units awarded to the reporting person on July 27, 2009. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.
- 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, and the balance vesting in equal annual installments over the remaining four years.

/s/ Brian J. Kickham Attorneyin-Fact 07/27/2012

\*\* 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.