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*  LeMaitre George W  (Last) (First) (Middle)  C/O LEMAITRE VASCULAR, INC.  63 SECOND AVENUE  (Street)  BURLINGTON MA 01803						Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]      Date of Earliest Transaction (Month/Day/Year)     11/25/2014  4. If Amendment, Date of Original Filed (Month/Day/Year)									Relationship of Reporting Person(s) to Issuer Check all applicable)  X Director X 10% Owner X Officer (give title Other (specify below)  Chairman and CEO  Individual or Joint/Group Filing (Check Applicabline)  X Form filed by One Reporting Person				
(City)			Zip)													rm filed by Mo rson	re tria	an One Rep	orung
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date,			Transaction Dispose Code (Instr. and 5)			rities Acquired ( ed Of (D) (Instr. :			Sec Ber Ow	mount of urities eficially ned owing	For (D) Indi	Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		A) or D)	Price	Rep Tra	orted nsaction(s) tr. 3 and 4)	(,,,,,		(mou. 4)
Common Stock 11/25/20						014			S		613(1	)	D	\$7	.3	4,117,412		D	
Common Stock																122,031		<b>I</b> (2)	See footnote
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transac Code (Ir 8)		5. Nu of Deriv Secui Acqu (A) oi Dispo of (D) (Instr and 5	rities ired rosed . 3, 4	6. Date Exc Expiration (Month/Da	Date y/Ye	Amount of		ount	8. Price of Derivativ 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. These shares are owned by LeMaitre Family LLC. A trust for the benefit of the Reporting Person holds a 20% membership interest in LeMaitre Family LLC. LeMaitre Family LLC is 100% owned by Peter Boland, as trustee for various trusts formed for the benefit of the children of George D. LeMaitre, the Issuer's founder, and Cornelia W. LeMaitre, the Issuer's Vice President of Human Resources and a member of the Issuer's Board of Directors. LeMaitre Family LLC currently holds 610,154 shares of the Issuer's Common Stock. The Reporting Person disclaims ownership of such securities except to the extent of his pecuniary interest therein, if any, and the reporting herein of such securities shall not be construed as an admission of beneficial ownership thereof for the purposes of Section 16 or for any other purpose.

## Remarks:

/s/ Laurie A. Churchill 11/26/2014

\*\* 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.