## 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 <sup>*</sup> Pellegrino Joseph P JR						2. Issuer Name and Ticker or Trading Symbol <u>LEMAITRE VASCULAR INC</u> [LMAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)		irst) ( ASCULAR, INC			3. Date of Earliest Transaction (Month/Day/Year) 07/25/2016									X Office below	r (give title	ncial	Other ( below)		
63 SECOND AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable				
(Street) BURLINGTON MA 01803															Form f	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(City) (State) (Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Exe if ar	2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Di Code (Instr. an			. Securities Acquired ( lisposed Of (D) (Instr. 3 nd 5)			5. Amo Securit Benefic Owned Followi	ies ially	Forr (D) d Indi	rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) (D)	or F	Price	Reporte Transac (Instr. 3	ed ction(s)	(Instr. 4)		(1150.4)	
Common Stock 07/25/20					2016	)16		Α		4,423 <sup>(1)</sup> A			\$ <mark>0.0</mark>	0 114	114,812		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		4. Transac Code (Ir 8)	5. Number tion of		6. Date Exercisabl Expiration Date (Month/Day/Year)		able and	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nu of	nount mber ares					
Stock Option (Right to Buy)	\$14.13	07/25/2016			А		42,976		07/25/2016	(2)	07/25/2023	Commo Stock	<sup>1</sup> 42	,976	\$0.00	42,976	5	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.

\* 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.