FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	205/10
vasiliigion,	D.C.	20349

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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*  Roush John A					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]								(Ch	Relationship eck all app X Direct	•		son(s) to Iss 10% Ow		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023								Office below	r (give title )		Other (s below)	pecify	
C/O LEMAITRE VASCULAR, 63 SECOND AVENUE					4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) BURLINGTON MA 01803													Form filed by More than One Reporting Person						
			Rule 10b5-1(c) Transa						ctic	on Inc	lication	1							
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,			Code (Instr. 5)				Benefic	es F ially (I Following (I	Form (D) o	n: Direct c r Indirect E istr. 4) (	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) o (D)	Price	Transa (Instr. 3	tion(s)			Instr. 4)		
	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)	3A. Deeme Execution if any (Month/Da	Date, 7	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/	ate		7. Title and Amount of Securities Underlyin Derivative (Instr. 3 and	f g Security	8. Price of Derivative Security (Instr. 5)		e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Dividend Equivalent Rights	(1)	06/01/2023			A		0.8464		(1)		(1)	Common Stock	0.8464	\$0	6.46		D		
Dividend Equivalent Rights	(2)	06/01/2023			A		1.2968		(2)		(2)	Common Stock	1.2968	\$0	2.96		D		

## Explanation of Responses:

- 1. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/11/2021 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- 2. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/12/2022 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

/s/ Val Gertz

06/01/2023

\*\* 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.