FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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	Check this box if no longer subject to									
١	Section 16. Form 4 or Form 5									
J	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

Name and Address of Reporting Person*  Deborts David P						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Roberts David B						EDMINITED TROOTERS [ LIVERS ]									X Direct	or 10%		10% O	wner		
(Last)	(F	rst)	(Middle)		3. [	Date of Earliest Transaction (Month/Day/Year)									X Office below			Other ( below)	specify		
C/O LEMAITRE VASCULAR, INC.							07/25/2017									President and Director					
63 SECOND AVENUE																					
		- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)												Lin	Line)  X Form filed by One Reporting Person								
BURLIN	IGTON M	A	01803												Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)													Person					
		Tab	le I - Noi	n-Deriv	/ative	Sec	curiti	es Ac	quired,	Dis	posed	of, o	r Ben	eficia	lly Owne	d					
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)						ar) E	2A. Deemed Execution Date, if any (Month/Day/Yea		Code	Transaction Dispos Code (Instr. 5)				d (A) or r. 3, 4 and	Benefic Owned	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price		ed ction(s) 3 and 4)			(Instr. 4)		
Common Stock 07				07/2	5/2017				М		5(1)		A	(1)	29,024		D				
Common Stock 07/25				5/2017	/2017			F		4190	(2) <b>D</b> \$		\$28.5	58 28	28,605						
	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. Deemed Execution Dat if any (Month/Day/Yo	ed Date,	4. Transactio		5. Number of		6. Date Ex Expiration (Month/Da	ercisa Date	ble and	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)		Owners Form: Direct ( or Indir (I) (Inst	ect (D) ndirect	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	N O	Amount or Number of Shares							
Dividend Equivalent	(3)	07/25/2017			M			5 <sup>(3)</sup>	(3)	Ī	(3)	Comr		5	\$0.00	28		D			

## Explanation of Responses:

- 1. Represents shares acquired upon release of dividend equivalent rights, as reported in Table II, on a one-for-one basis.
- 2. These shares represent shares withheld by the Issuer to satisfy tax withholding obligations incurred upon the vesting of restricted stock units awarded to the reporting person on July 25, 2016. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.
- 3. These dividend equivalent rights were released in connection with the vesting of a restricted stock unit award granted on 7/25/2016. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

## Remarks:

/s/ Laurie A. Churchill, Attorney-in-fact 07/27/2017

\*\* 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.