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 |
|---|-------------------------------------|
| П | to Section 16. Form 4 or Form 5 |
| Ш | 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* Linden Robert V (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE (Street) BURLINGTON MA 01803 | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2014 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | X C b S ndividue) | Senior VP Sales, The Americas dividual or Joint/Group Filing (Check Applicable) | | |
|---|--|------|---------------------------------|--|---------|---|--|-------|--|---|---------|--------------|--|---|--|--|--|---|
| (City) | (Si | | Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative S | Secu | ıritie | s Acc | uired, [| Disp | osed of | f, or | Bene | ficia | lly Ov | /ned | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. and 5) | | | | | | Se Be Ov | Amount of curities neficially med llowing | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | Re Tra | ported ansaction(s) str. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common | Stock | | | 07/27/2 | .014 | | F | | 223(1) | | D | \$7.7 | 7 | 5,736 | D | | | |
| | | Та | ble II | - Derivat (e.g., pu | | | | | | | | | | | Own | ed | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | 4. Transac Code (Ir 8) | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amount or Numbor Title Shares | | str. ount | 8. Price of Derivati Securit (Instr. 5 | derivative ve Securities Beneficially | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |

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.

/s/ Laurie A. Churchill, Attorney-in-Fact

07/29/2014

** Signature of Reporting Person

n 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.