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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

)	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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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

OMB APPROVAL										
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1. Name and Address of Reporting Person [*] Pellegrino Joseph P JR (Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC.			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)				
Pellegrino Jo	<u>osepn P JR</u>			X	Director	10% Owner		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	ASCULAR INC [LMAT] (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer				
. ,	RE VASCULA	AR, INC.	12/05/2019		Chief Financia	al Officer		
63 SECOND A	VENUE							
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)				
BURLINGTON	N MA	01803			,			
(City) (State) (Zip)		(Zip)	—			an One Reporting		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(113(11.4)
Common Stock	12/06/2019		S		4,154	D	\$ <mark>36</mark>	47,559	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv	rities lired r osed) 7. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		te Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Dividend Equivalent Rights	(1)	12/05/2019		A		4		(1)	(1)	Common Stock	4	\$0	50	D	
Dividend Equivalent Rights	(2)	12/05/2019		A		4		(2)	(2)	Common Stock	4	\$0	22	D	
Dividend Equivalent Rights	(3)	12/05/2019		A		6		(3)	(3)	Common Stock	6	\$0	28	D	

Explanation of Responses:

1. These dividend equivalent rights accrued on a restricted stock unit award granted on 7/25/2016 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 12/22/2017 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

3. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/19/2018 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

/s/ Laurie A. Churchill,

<u>Attorney-in-fact</u>

12/09/2019

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.