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

			*											T. D. C. C. D. C.					
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Roberts David B					LEN	LEMAITRE VASCULAR INC [LMAT]								X Direct	,		10% O	wner	
,		3. Date of Earliest Transaction (Month/Day/Year)								Office	r (give title		Other (	· I					
(Last)	(Fi	rst) (	Middle)		04/2	04/25/2017									below)			below)	
C/O LEMAITRE VASCULAR, INC.														President and Director					
63 SECOND AVENUE					4 If A	If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable					
							T. II 7 III Oli Oli Oli Oli Oli Oli Oli Oli II							Line)					
(Street)														X Form filed by One Reporting Person					
BURLINGTON MA 01803														Form filed by More than One Reporting					
					-									Perso	n				
(City)	(St	tate) (	Zip)																
		Tab	le I - N	Non-Deriv	vative \$	Sec	urit	ies Ac	quired,	Dis	posed o	f, or Be	neficia	lly Owne	d				
1. Title of	Security (Ins	tr. 3)		2. Transac					4. Securities Acquire							wnership	7. Nature		
Date (Month/Day/							Year) if any			Transaction Disposed Code (Instr. and 5)		d Of (D) (Instr. 3, 4		Securities Beneficially		Form: Direct (D) or		of Indirect Beneficial	
		(Month/Day/Year)		8)				Owned Follow	ina	Indi g (Ins		Ownership (Instr. 4)							
						Code	l,	Amount	(A) or Price		Report	Reported Transaction(s)		,	, , ,				
										Ľ	Amount	(D)	11100	II uli su	3 and 4)				
Common Stock 04/25/20					2017	)17		М		21,360 <sup>(1)</sup> A		\$5.8	35 68	68,305		D			
			Tab	le II - Deri	vative	Sec	uriti	es Acq	uired, D	ispo	sed of, o	r Benef	cially C	wned			,		
				(e.g.	, puts, o	calls	s, w	arrants	, options	s, co	nvertible	securi	ies)						
	2.	3. Transaction	3A. De		4.				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and		8. Price	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	if any	on Date,	Transact Code (In			ivative				Amount Securitie		of Derivative			Ownership Form:	Beneficial	
(Instr. 3)	8)	Sec Acc			Underlying Derivative					Security (Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)					
	Security						(A)	or	Security (Insti				(Instr. 3	' ' '	Following Reported		(I) (Instr. 4)	,	
	Disposed of (D)										and 4)			Transaction(s) (Instr. 4)		<b>-</b> ′			
		(Instr. 3, 4 and 5)																	
										Т			Amoun	:					
													or Number						
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shares						
Stock						Ė	(,,	, ,		+			3.1.2.3			$\dashv$			
Option	\$5.85	04/25/2017			M			21,360	07/26/2010	(2)	07/26/2017	Common	21,360	\$0.00	22,980		D		
(Right to Buy)												Stock	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

## Explanation of Responses:

- 1. Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- 2. This option is fully vested and exercisable.

## Remarks:

<u>Laurie A. Churchill, Attorney-in-fact</u>

\*\* 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.