FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
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| 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

| 1. Name and Address of Reporting Person*  Pellegrino Joseph P JR  (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) 05/29/2008  4. If Amendment, Date of Original Filed (Month/Day/Year) |             |       |   |  |        |   |            |              | x C b   | onship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) below)  CFO & Treasurer  dual or Joint/Group Filing (Check Applicab Form filed by One Reporting Person Form filed by More than One Reporting Person |                          |   |  |
|--|--|---------|---|-----------|---------|---|-------------|-------|---|--|--------|---|------------|--------------|---|--|--------------------------|---|--|
| (City)   | (Si  | ate) (Z | Zip)  |           |         |   |             |       |   |  |        |   |            |              |   |  |                          |   |  |
| ı  |  | Tabl    | e I - N                                       | lon-Deriv | ative S | Secu  | ıritie      | s Acc | Juired, [   | Disp   | osed o | f, or   | Bene       | ficia        | lly Ov  | vned   |                          |   |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day/   |  |         |   |           |         | Execution Date,   |             |       | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acquired (Disposed Of (D) (Instr. and 5) |  |        |   |            |              | Se<br>Be<br>Ov                                    | Amount of curities neficially when   | Form<br>(D) or<br>Indire | ect (I)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership    |
|  |  |         | Code  | v         | Amount  |   | A) or<br>D) | Price | Re<br>Tr  | llowing<br>ported<br>ansaction(s)<br>str. 3 and 4) | (Instr | . 4)  | (Instr. 4) |              |   |  |                          |   |  |
| Common Stock 05/29/20  |  |         |   |           |         | 008   |             |       | P   |  | 2,000  | )   | A          | \$3.5        | 9   | 34,231   |                          | D   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |   |           |         |   |             |       |   |  |        |   |            |              |   |  |                          |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2. Conversion or Exercise Price of Derivative Security   |         | Execution Date,<br>if any<br>(Month/Day/Year) |           |         | sansaction 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 Date Expiration Date  |  |        | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amour or Numbe of Title Shares |            | str.<br>ount | 8. Price<br>of<br>Derivat<br>Securit<br>(Instr. § | derivative<br>Securities<br>y Beneficiall  | y Di<br>or<br>(I)        | wnership<br>orm:<br>rect (D)<br>Indirect<br>(Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

/s/ Christopher H. Martin Attorney-in-Fact 05/30/2008

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).