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

1. Name and Address of Reporting Person*  LeMaitre Cornelia W  (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) 07/13/2011  4. If Amendment, Date of Original Filed (Month/Day/Year)									X X	Direct Office below V.P., dual of Form	P., Human Resources, Director al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting			
(City)	(8	tate)	(Zip)																	
		Та	ole I - N	Non-Deriv	ative S	Secu	ıritie	s Acc	quired, l	Disp	osed o	f, or	Bene	eficia	ally (	Owne	ed			
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)						3, 4 Secur Bene Owne		cially I	6. Own Form: (D) or Indired	Direct	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount (A)		(A) or (D)	Price	,	Following Reported Transaction(s) (Instr. 3 and 4		(Instr. 4)		(Instr. 4)
Common Stock 07/13/20					011				S		8,223	3	D	\$7.25		279,668		I	)	
	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)	ive Conversion Date y or Exercise (Month/Day/Year) if any		Code (I	ansaction 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)  Amou or Numb of Title Share:		ount	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own For Dire or I (I) ( 4)	nership m: ect (D) ndirect Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

<u>/s/ Aaron M. Grossman</u> <u>Attorney-in-Fact</u> <u>07/15/2011</u>

\*\* 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).