FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Nashington, | D.C. | 20549 | |
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|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|--|---|-----|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-028 Estimated average burden | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | hours per response. | 0.5 | | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Roush John A | | | | 2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] | | | | | | Relationship leck all appli X Directo | cable) or | 10 | % Ow | ner | | |
|--|----------|-----------------------|-------------------------------------|--|---|------------------------------------|--|------------------------------|---|--|--|---|---------------------------------------|---|--------|---|
| (Last) C/O LEN | MAITRE V | First) VASCULAR, 63 S | (Middle) SECOND | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2022 Officer (give title below) Other (specify below) | | | | | | | pecify | | | | |
| (Street) BURLIN (City) | IGTON N | | 01803 (Zip) | 4. | If Ame | endment | t, Date | of Original Fi | led (Month/I | Day/Year) | 6. I Lin | X Form | iled by One | Reporting | Persor | ı |
| (City) | (, | - | le I - Non-D |) Perivativ | e Se | curitie | | auired D | isnosed | of or Be | neficia | ly Owner | 1 | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date | | | Transactio ate Ionth/Day/\ | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transacti Code (Ins 8) | 4. Secu Dispose 5) | 4. Securities Acquired (A) o | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form: Direct (D) or Indirect (I) (Instr. 4) | | Nature f Indirect eneficial wnership nstr. 4) | | |
| | | Т | able II - De (e. | | | | | uired, Dis s, options | | | | Owned | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Code | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Owner Form Direct or Ind (I) (In | (D) irect | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | , v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Dividend Equivalent Rights | (1) | 06/02/2022 | | А | | 1 | | (1) | (1) | Common Stock | 1 | \$0 | 2 | 1 |) | |

Explanation of Responses:

1. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/11/2021 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, Attorney-in-fact

06/06/2022

** 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.