FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
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

Code (Instr. a) Code (Inst	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						Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] Date of Earliest Transaction (Month/Day/Year) 01/24/2014 If Amendment, Date of Original Filed (Month/Day/Year)									Relationship of Reporting Person(s) to Is heck all applicable) X Director 10% Ov. X Officer (give title below) VP, Human Resources, Direct Individual or Joint/Group Filing (Check Ane) X Form filed by One Reporting Personal Form filed by More than One Reporting Personal Form filed					Owner (specify tor Applicable
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Mon	(City)	(Sta	ate) (Z	Zip)													reisi	JII			
Date		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Common Stock O1/24/2014 S 200(I) D \$8.2 429,837 I By spouse Common Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Securities (Instr. 3) D S 3. Transaction Date (month/Day/Year) One Execution Date (month/Day/Year) One Execution Date (month/Day/Year) One Exercise (Instr. 3) One of Derivative Securities (Instr. 3) Amount of Security (Instr. 3) Amount of Securities (Instr. 4) Amount of Securities (Instr. 4) Amount of Securities (Instr. 4) One of Derivative Securities (Instr. 4) One of Derivative Securities (Instr. 4) One of Derivative Securities (Instr. 4)	Date						Execution Date, /Year) if any			Transaction Disposed Code (Instr. and 5)						4 Securi Benefi Owned		ities F icially (I d Ir		m: Direct or rect (I)	of Indirect Beneficial Ownership
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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative (Instr. 3) 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) Derivative Security (Instr. 3) Amount of Derivative Security (Instr. 3) Amount of Derivative Security (Instr. 3) Amount of Derivative Security (Instr. 4)	Common Stock 01/24/20						014			S		200(1)	D	\$8.2		429,837			I	*
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Derivative Security (Instr. 3) Price of Derivative Security Security Month/Day/Year Price of Derivative Security Price of Derivative Security (Instr. 3 and 4)																					
	Derivative C Security o (Instr. 3) P	Conversion or Exercise Price of Derivative	Date	Execut if any	ion Date,	Transac Code (Ir		of Deriv Secu Acqu (A) o Dispo of (D (Instr	vative rities rired r osed)	Expiration (Month/Da	n Dat	ee ear)	Amount of Securities Underlying Derivative Security (Instr 3 and 4)		ount	of Deri Secu	vative irity	derivative Securities ty Beneficially Owned Following Reported Transaction(Ownership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.

<u>Laurie A. Churchill, Attorney-</u> <u>In-Fact</u> <u>01/28/2014</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.