FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*  Kamke Trent G  (Last) (First) (Middle)  C/O LEMAITRE VASCULAR , INC.					3. D	Issuer Name and Ticker or Trading Symbol     LEMAITRE VASCULAR INC [ LMAT ]  3. Date of Earliest Transaction (Month/Day/Year) 03/19/2020								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Senior V. P., Operations					
63 SECOND AVENUE  (Street)  BURLINGTON MA 01803  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					ction 2A. Dee			ned n Date	3. Transac Code (li 8)	4. Secur		ities Acquired (A) d Of (D) (Instr. 3, 4		or and	5. Amou Securitie Beneficia	nt of es ally following d ion(s)	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative   Conversion   Date   Execution   Security   Or Exercise   (Month/Day/Year)   if any			3A. Deemee Execution I if any (Month/Day	Date, Transaction					6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ully g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	oer					
Dividend Equivalent Rights	(1)	03/19/2020			A		3		(1)		(1)	Commor Stock	3		\$0	17		D	
Dividend Equivalent Rights	(2)	03/19/2020			A		2		(2)		(2)	Commor Stock	2		\$0	6		D	
Dividend Equivalent Rights	(3)	03/19/2020			A		4		(3)		(3)	Commor Stock	4		\$0	13		D	
Dividend Equivalent Rights	(4)	03/19/2020			A		3		(4)		(4)	Commor Stock	3		\$0	3		D	

## **Explanation of Responses:**

- 1. These dividend equivalent rights accrued on a restricted stock unit award granted on 7/25/2016 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- 2. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/22/2017 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- 3. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/19/2018 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- 4. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/20/2019 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, 03/23/2020 Attorney-in-fact

\*\* 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.