SEC Foi	m 4 FORM	4		БТАТЕ	ES S	-		ES AND		NGE C	юмм	SSION					
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNERS								CMB APPROV. CMB Number: 32 Estimated average burden hours per response:			3235-0287	
1. Name and Address of Reporting Person [*] Roberts David B					LEMAITRE VASCULAR INC [LMAT]							Relationship of Reporting Person(s) to Issuer neck all applicable)					
(Last)												X Director 10% Own X Officer (give title below) Other (spe below) President and Director			specify		
63 SECOND AVENUE					Line							ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person					
(Street) BURLINGTON MA 01803												Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	ole I - Non-D	erivati	ive Se	ecurities	s Ac	quired, Di	sposed o	of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					ay/Year) (Month/Day/Year		Code (Ins	r. 5)			Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V	Amount			Transact (Instr. 3 a						
		-	Table II - De (e.ç					uired, Dis s, options,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Cod	nsactior e (Instr.			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 Beneficial Owned Following Reported Transactio (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Dividend Equivalent Rights	(1)	11/30/2023		А		1.4966		(1)	(1)	Common Stock	1.4966	\$0	35.55	;	D		
Dividend Equivalent Rights	(2)	11/30/2023		A		1.9483		(2)	(2)	Common Stock	1.9483	\$0	31.2		D		
Dividend Equivalent Rights	(3)	11/30/2023		Α		2.7425		(3)	(3)	Common Stock	2.7425	\$0	29.92		D		
Dividend Equivalent Rights	(4)	11/30/2023		A		5.2213		(4)	(4)	Common Stock	5.2213	\$0	42.5		D		
Dividend Equivalent Rights	(5)	11/30/2023		A		7.0895		(5)	(5)	Common Stock	7.0895	\$ 0	26.74		D		

Explanation of Responses:

1. 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.

2. 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.

3. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/2/2020 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 12/11/2021 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

5. These dividend equivalent rights accrued on a restricted stock unit award granted on 12/12/2022 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock

> /s/ David C. Hissong 12/04/2023 ** 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.