FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL
OMB Number:	3235-02

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	30(h)	of the	Ínves	tment (Company Act	of 1940						
1. Name and Address of Reporting Person* Pellegrino Joseph P JR					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													X	Dire	ctor	10%	Owner	
(Last)	3. [Date of Earliest Transaction (Month/Day/Year)							$\overline{}$	X	Offic belov	er (give title w)	Other below	(specify				
C/O LEMAITRE VASCULAR, INC.					12/	12/16/2019										Chief Financial Officer		
63 SECOND AVENUE																		
					- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BURLINGTON MA 01803												X	Form filed by One Reporting Person					
			-										Form filed by More than One Reporting Person					
(City)	(9	State) ((Zip)															
		Tab	le I -	Non-Deriv	/ative	Seci	uritie	s A	cquir	ed, D	isposed o	f, or E	Benefici	ally	Owne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Year)	Execution Date,		te,			4. Securities A Disposed Of (d 5) Secu Bene Own		nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 12/16/201					19	9			S		6,068(1)	D	\$36.17	36.1742 ⁽²⁾		41,491	D	
Common Stock 12/18/20				19	.9			S		10,442(1)	D	\$36.09	36.0978(3)		31,049	D		
		Ta	able I							,	posed of, convertib			•	vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executif any	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate Exer iration I nth/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan established by the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$36.00 to \$36.40. The Reporting Person undertakes to provide to the Issuer, any securityholder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.
- 3. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$36.00 to \$36.35. The Reporting Person undertakes to provide to the Issuer, any securityholder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.

/s/ Laurie A. Churchill, Attorney-in-fact 12/18/2019

** 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.