FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response	: 0.5							

	Check this box if no longer subject
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	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

							. ,													
Name and Address of Reporting Person*     LeMaitre George W					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]								.]	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner						
(Last)	(Fii MAITRE V	rst) (M ASCULAR, INC	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/26/2023								X	Office	er (give title w) Chairma	n and	below)	specify		
63 SECOND AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) BURLINGTON MA 01803												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	ip)		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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												liended to								
		Table	l - Noı	n-Derivat	tive S	ecur	ities	Acq	uired, [	Disp	osed of	, or E	3enef	ficiall	ly Owr	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Execut y/Year) if any		Deemed ution Date, / th/Day/Year)				ties Acquired ( I Of (D) (Instr. 3				cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or P	rice	Transa	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 05/26/2					2023			G		1,000	1,000 D		\$0	2,345,310		D				
		Tab		Derivativ (e.g., pu											Owne	ed				
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, ecurity   or Exercise   (Month/Day/Year)   if any				4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Shares	er							

Explanation of Responses:

/s/ Val Gertz

05/30/2023

\*\* 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.