FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	l	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

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Name and Address of Reporting Person* O'Connor John James						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>O Com</u>	<u>ioi Joiiii .</u>	<u>raines</u>												X Director	or		10% Ow	ner	
(Last)	(F	irst)	t) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/27/2023							Officer below)	(give title	Other (spe below)		pecify	
C/O LEMAITRE VASCULAR, INC.						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
63 SECOND AVENUE					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)						
05 BECC	or (D TIVE)	.OE												X Form f	iled by One	Reporti	ing Person		
(Street) BURLINGTON MA 01803													Form f Persor	iled by More	e than C	one Report	ing		
DOKLIN	IOTON IV	IA.	01005		Б.		10h	E 1/0	\ Tron	000	ion Ind	ication							
					-	uie	TUD:	5- I (C) IIai	Sac	ion Ind	ication							
(City)	(S	tate)	(Zip)		16	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
					\sqcup						ons of Rule 1								
		Tale	la I Na	- D	4!	- 0-	! 4	! A	!			£ D-	£!!!	h . O					
		ian	ie i - No	n-Deri	vativ	e Se	curit	ies A	cquire	ı, Dis	posea c	or, or Be	петісіаі	ly Owned	1				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execut			Code	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		Benefici	es	6. Own Form: I (D) or I (I) (Inst	Direct c	7. Nature of Indirect Beneficial Ownership	
						, , , , , , , , , , , , , , , , , , , ,		· -	$\overline{}$	+	(A) o	. T	Reporte Transac	d '''	.,,		(Instr. 4)		
									Code	· v	Amount	(A) o (D)	Price	(Instr. 3	and 4)				
Common Stock 11/27/2						//2023		M		7,500	(1) A	\$23.5	56 56	,454	154				
			Table II -	Deriva	ative	Sec	uritie	es Acc	uired.	Disn	osed of	or Ben	eficially	Owned					
									. ,		converti	,	,	Ownea					
4 7141					<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>		0.0-4-1		-1-1	7 770	<u>, , , , , , , , , , , , , , , , , , , </u>	0.000.00	0 N	4	•	44 N-4	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Inst 8)				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 of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	r					
Stock Option (Right to	\$23.56	11/27/2023			M			7,500	12/19/20	18 ⁽²⁾	12/19/2023	Common Stock	7,500	\$0	0		D		

Explanation of Responses:

- 1. Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- 2. This option is exercisable and vests over a five-year period at a rate of 1/3 on the first anniversary of the date listed in the table, and the balance vests in equal annual installments over the remaining three

/s/ David Hissong

11/28/2023

** 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.