FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
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 Investment Company Act of 1940

Name and Address of Reporting Person*														Relationship of Reporting Person(s) to Issuer Check all applicable)						
<u>LeMaitre George W</u>						21111			OC CL		<u> </u>		J		V Director	or	X	10% O	wner	
- n			(Middle)		-										Officer below)	(give title		Other ( below)	specify	
(Last)	•	,		3. Date of Earliest Transaction (Month/Day/Year) 12/02/2022								Chairman and CEO								
C/O LEMAITRE VASCULAR, INC.															Chairman and CEO					
63 SECC	OND AVEN	UE								24 )		-				(0) 1 4				
(Street)					4. If	Amei	namen	t, Date o	f Original	Filed	(Month/D	ay/Year)		Line		Joint/Group	Filin	g (Check Ap	plicable	
l ` ′	IGTON M	A	01803												X Form filed by One Reporting Person					
					.										Form f	orting				
(City)	(Si	tate)	(Zip)												Person	II.				
		Tab	le I - Noi	n-Deriv	ative	Sec	curitie	es Acc	quired,	Dis	posed c	of, or E	Bene	ficiall	y Owned	t				
Dat			2. Trans Date (Month/I	Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es ially Following	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 1:				12/02	2/2022	/2022			М		16(1)	1	4	<b>\$0</b> <sup>(1)</sup>	2,49	2,491,824		D		
Common Stock 12/02/					/2022			F		293 <sup>(2)</sup> D \$		\$47.1	7 2,491,531			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
		-			uts, (	calls	, war					DIE SE	curii	ties)						
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/Da	Date,	4. Transaction Code (Instr. 8)		n of E		6. Date Exercisab Expiration Date (Month/Day/Year)		Amount of		t of ies ring ive Se		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						1							Ai	mount r						
					Code	v	(A)		Date Exercisab		xpiration ate	Title	Ni of	umber						
Dividend Equivalent Rights	\$0 <sup>(3)</sup>	12/02/2022			M			16 <sup>(3)</sup>	(3)		(3)	Commo Stock		16	\$0	57.418	9	D		

## **Explanation of Responses:**

- 1. Represents shares acquired upon release of dividend equivalent rights, as reported in Table II, on a one-for-one basis.
- 2. These shares represent shares withheld by the Issuer to satisfy tax withholding obligations incurred upon the vesting of restricted stock units awarded to the reporting person on 12/2/2020. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.
- 3. These dividend equivalent rights were released in connection with the vesting of a restricted stock unit award granted on 12/2/2020. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock

/s/ Laurie A. Churchill Attorney-in-fact

12/06/2022

\*\* 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.