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 to Section 16. Form 4 or Form 5 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*     Gebauer Peter R                        |  |       |        |           |          |   | Issuer Name and Ticker or Trading Symbol     LEMAITRE VASCULAR INC [ LMAT ]      Date of Earliest Transaction (Month/Day/Year) |  |                                     |  |               |       |                     |              |       |   | all app<br>Direct  | o of Reportin<br>licable)<br>tor<br>er (give title | ng Pe  | 10% C  |   |  |  |
|--|--|-------|--------|-----------|----------|---|--|--|-------------------------------------|--|---------------|-------|---------------------|--------------|-------|---|--|--|--|--|---|--|--|
| (Last)   | (Last) (First) (Middle)  |       |        |           |          |   | 09/21/2009   |  |                                     |  |               |       |                     |              |       | X   | below)   |  |  | below)   |   |  |  |
| C/O LEMAITRE VASCULAR, INC.  |  |       |        |           |          |   |  |  |                                     |  |               |       |                     |              |       |   | President, International Ops   |  |  |  |   |  |  |
| 63 SECOND AVENUE   |  |       |        |           |          | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |  |                                     |  |               |       |                     |              |       | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |  |  |   |  |  |
| (Street)   |  |       |        |           |          |   |  |  |                                     |  |               |       |                     |              |       |   | X Form filed by One Reporting Person   |  |  |  |   |  |  |
| BURLINGTON MA 01803  |  |       |        |           |          |   |  |  |                                     |  |               |       |                     |              |       | Form filed by More than One Reporting Person                |  |  |  |  |   |  |  |
| (City)   | (  | (Stat | te) (Z | ľip)      |          |   |  |  |                                     |  |               |       |                     |              |       |   |  |  |  |  |   |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |       |        |           |          |   |  |  |                                     |  |               |       |                     |              |       |   |  |  |  |  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)                   |  |       |        |           |          |   | Execution Date,  |  |                                     | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acquired<br>Disposed Of (D) (Instr.<br>and 5) |               |       |                     |              |       | 3, 4 Secur  |  | rities F<br>ficially (led                          |  | wnership<br>m: Direct<br>or<br>rect (I)<br>tr. 4)                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |  |       |        |           | Code     | v   | Amount   |  | (A) or<br>(D)                       | Price  | Rep<br>ce Tra |       | orted<br>saction(s) |              | ,     | (   |  |  |  |  |   |  |  |
| Common Stock 09/21/2   |  |       |        |           |          |   | 2009   |  |                                     | S  |               | 1,100 | )                   | D            | D \$4 |   | 50,458   |  |  | D  |   |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |       |        |           |          |   |  |  |                                     |  |               |       |                     |              |       |   |  |  |  |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any  |       |        | ion Date, | Code (Ir | of Dode (Instr. 8)  of Dode (Instr. 9)  securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5) |  |  | Expiration Date<br>(Month/Day/Year) |  |               |       | or<br>Nur<br>of     | ount<br>nber | t     |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |  | IO.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |  |

Explanation of Responses:

/s/ Aaron M. Grossman Attorney-in-Fact 09/21/2009

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).