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

1. Name and Address of Reporting Person* GILL DAVID N						Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] Date of Earliest Transaction (Month/Day/Year)									neck al	nship of Reporting F applicable) director		Person(s) to		
(Last)	`	irst)		05/09/2007										Officer (give title below)		Other (specify below)				
C/O LEMAITRE VASCULAR, INC. 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 Form filed by More than One Reporting				
, ,	GTON M	ΙA	0180	3												Person		an One Rep	Johns	
(City)	(5	tate)	(Zip)																	
		•	able I	Non-Deriv	ative \$	Secu	ıritie	s Acc	quired, I	Disp	osed o	f, or	Bene	eficia	lly O	wned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)						S B	Amount of ecurities eneficially wned ollowing	For (D)	Ownership rm: Direct or lirect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		A) or D)	Price	R Ti	eported ransaction(s) nstr. 3 and 4)	(111.	3u. 4)	(111341. 4)	
Common Stock 05/09/20						007			P		1,000		A	\$6.25		5,805		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rative conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)			4. Transac Code (I 8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		ount	8. Pric of Deriva Securi (Instr.	derivative tive Securities ty Beneficial	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

/s/ Aaron M. Grossman Attorney-in-Fact 05/10/2007

** 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.

 $^{^{\}star}$ 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).