## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	DVAL			
OMB Number:	3235-0287			
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## 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

monuc											_									
1. Name and Address of Reporting Person*  Roberts David B					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									uer						
				1	EDIMITIED VISCOLITICITY [ LIVIAI ]								[	Direct	or		10% Ov	vner		
(Last) (First) (Middle)				3. [	Date of Earliest Transaction (Month/Day/Year)							-		Officer (give title below)			specify			
C/O LEMAITRE VASCULAR, INC.					12/06/2024								President and Director							
63 SECOND AVENUE																				
(04					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BURLIN	IGTON M	ΙA	01803													✓ Form	iled by One	e Repo	orting Person	ı
,																Form filed by More than One Reporting Person				ting
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	e Se	curitie	s Ac	quire	d, Di	sp	osed o	f, or l	Bene	eficiall	y Owne	t			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Code (Instr. 5)					Benefic Owned	es Forr ally (D) of Following (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Cod	e v		Amount		A) or D)	Price	Reporte Transac (Instr. 3	tion(s)	on(s)		(Instr. 4)
Common Stock 12/06.				5/2024		A			1,335 <sup>(1)</sup> A		\$0	15,355			D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deemed	1 4	1.		5. Num	nber	6. Date E	xerci	sabl		7. Title	e and	,	8. Price of	9. Numbe		10.	11. Nature
Security or Exercise (Month/Day/Year) if any								Expiration Date (Month/Day/Year)  (Month/Day/Year)  Securities Underlying Derivative Sec (Instr. 3 and 4)				Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)				
															Amount					
					Code	v	(A)		Date Exercisa	ble		piration ate	Title		Number of Shares					
Stock Option (Right to Buy)	\$101.12	12/06/2024			Α		7,662		12/06/20	24 <sup>(2)</sup>	12	2/06/2031	Comm		7,662	\$0	7,662	2	D	

## Explanation of Responses:

1. Represents a restricted stock unit award that vests on a time-based schedule as follows: 25% of the award vests on the anniversary of the grant date listed in the table, with the balance vesting in equal annual installments over the remaining three years. This award includes a provision for the withholding of shares by the Issuer to pay the withholding taxes due on each vesting date.

2. This option is exercisable and vests over a four-year period at a rate of 25% on the first anniversary of the date listed in the table, with the balance vesting in equal annual installments over the remaining three years.

/s/ John Pitfield

12/10/2024

\*\* 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.