## 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

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 <sup>*</sup> LeMaitre George W						2. Issuer Name and Ticker or Trading Symbol     LEMAITRE VASCULAR INC [LMAT]     3. Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last)	(Fi	st) (Middle)			05/18/2009								X Officion belo	er (give titl w)	e	Othe belov	r (specify v)		
C/O LEMAITRE VASCULAR, INC.															Chairm	an ar	nd CEO		
63 SECOND AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								<ol> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> </ol>						
(Street) BURLINGTON MA 01803												Form	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	iy) (State) (Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			2. Transacti Date (Month/Day	Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. and 5)		ties Acquired (A) Of (D) (Instr. 3,			5. Amou Securiti Benefic Owned Followi	es ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or F	rice	Reporte Transac			,	(	
Common Stock				05/18/2009				Р		1,000	1	4	\$ <mark>2.9</mark>	3,902,913			D		
Common Stock														122	.,031			See Footnote <sup>(1)</sup>	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	xecution Date,		. 5. Number ransaction of code (Instr. Derivative ) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		str.	8. Price of Derivative Security (Instr. 5) Security Beneficia Owned Followin Reported (Instr. 4)		s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

Explanation of Responses:

1. These shares are owned by LeMaitre Family LLC. A trust for the benefit of the Reporting Person holds a 20% membership interest in LeMaitre Family LLC. LeMaitre Family LLC is 100% owned by Peter Boland, as trustee for various trusts formed for the benefit of the children of George D. LeMaitre, a member of the Issuer's Board of Directors, and Comelia W. LeMaitre, the Issuer's Vice-President of Human Resources and a member of the Issuer's Board of Directors. LeMaitre Family LLC currently holds 610,154 shares of the Issuer's Common Stock. The Reporting Person disclaims ownership of such securities except to the extent of his pecuniary interest therein, if any, and the reporting herein of such securities shall not be construed as an admission of beneficial ownership thereof for the purposes of Section 16 or for any other purpose.

Date

Exercisable Date

(D)

Expiration

Title

/s/ Aaron M. Grossman Attorney-in-Fact

Number

Shares

05/18/2009

\*\* 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).

Code

v (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.

Check this box if no longer subject