FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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l	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*							2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Roberts David B						ELIMITAL VISCOLIAN INC. [ LIVAI ]									X Director		10% Owner		vner		
,													(give title		Other (s	specify					
(Last)	(F	irst)		3. Date of Earliest Transaction (Month/Day/Year)									below)		below)						
C/O LEN	MAITRE V	07/	07/25/2018									President and Director									
63 SECC	ND AVEN																				
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BURLINGTON MA 01803															X Form filed by One Reporting Person						
DORDINGTON WA 01003																Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)												1 01301	#30H					
		Tab	le I - Noi	n-Deriv	ative/	Sec	uritie	es Ac	quired,	Dis	posed c	of, or E	ene	ficiall	y Owned	k					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Dat		on Date,	3. Transa Code (		4. Securi Disposed 5)					es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or I	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 07/25/2						2018		М		10(1)	A	1	(1)	26,642			D				
Common Stock 07/25/2						/2018			F		264 <sup>(2</sup>	) I		\$37.30	6 26	26,378		D			
		Т	able II -												Owned		,				
				(e.g., p	outs,	calls	, war	rants	, optior	ıs, c	onverti	ble se	curit	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/Day	Date,		Transaction Code (Instr.		ı of		ercisa Date ny/Yea	ble and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		e (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
													or								
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of	umber nares							
Dividend Equivalent	(3)	07/25/2018			M			10 <sup>(3)</sup>	(3)	T	(3)	Commo Stock	n	10	\$0.00	42		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 July 25, 2016. 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 7/25/2016. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

## Remarks:

/s/ Laurie A. Churchill, Attorney-in-fact 07/27/2018

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.