FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	<b>CHANGES</b>	IN BE	ENEFICIA	L OWN	ERSHIP
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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	e burden									
hours per respons	e: 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*  Pelsonte Descript Desc				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												'	X	Direc	tor		10% Ov	vner	
(Last)	(Fir	rst) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year)							X	Office	er (give title w)		Other (s below)	specify	
C/O LEMAITRE VASCULAR, INC.				03/0	05/06/2024									President and Director					
63 SECOND AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															Form filed by One Reporting Person				
BURLINGTON MA 01803															Form Perso	m filed by More than One Reporting son			orting
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to					
		Table	I - No	on-Deriva	tive S	Secur	rities	Acc	quired	l, Dis	posed of	, or B	enefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution		tion Da		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Secur Benef Owne		rities For icially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		ction(s)			(Instr. 4)
Common Stock 05/06/20				024			S		5,025	D	\$75.6	$2^{(1)}$ 14		4,114		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)	tle of 2. 3. Transaction 3A. Deemed Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transa	5. Number of of Derivative		mber ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$75.475 to \$75.91. The Reporting Person undertakes to provide to the Issuer, any securityholder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.

/s/ Nathaniel R.J. Ulrich

\*\* Signature of Reporting Person Date

05/08/2024

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.