FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549
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Check this box if no longer subjec
o Section 16. Form 4 or Form 5
obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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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*  Kamke Trent G					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]										all app		ng Pe	10% O	wner
(Last)	,	irst) (I	Middle	*)	3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024									X	belov	Officer (give title below)  Senior V. P., Operation		Other ( below) perations	specify
63 SECOND AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BURLIN	NGTON M	IA 0	01803			X Form filed by One Reporting Person Form filed by More than One Reportin Person													
(City)	(S	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication														
		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins																	
		Table	) I - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Executi Year) if any		emed tion Date, n/Day/Year)				Acquired (A) or (D) (Instr. 3, 4 ar		nd 5) Secur Benet Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and		action(s)			(Instr. 4)			
Common Stock 03/08/20					24			S		3,442	D	\$68.02	3.024(1)		5,661		D		
Common Stock 03/08/20				)24				s 1,100 D		\$68.67	78(2)	4,561		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)	2. Conversion or Exercise Price of Derivative Security		Exec if an	Deemed cution Date, y y tth/Day/Year)	4. Transa Code ( 8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed ) : 3, 4	Expi (Mor	ration [	(Year)	7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4)  Amou or Numb of Title Share		-		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$67.505 to \$68.42. 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.
- 2. The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$68.52 to \$68.92. 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/ David C. Hissong

03/12/2024

\*\* Signature of Reporting Person

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.