FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per respor	nse: 0.5							

Check this box if no longer subject 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*  Gebauer Peter R						2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [ LMAT ]										lationship o ck all applic Directo	10% Owne		vner		
(Last)	(Fi	rst) (	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/23/2009										X	below)	(give title		Other (s	·	
		ASCULAR, INC														President, International Ops					
63 SECO	OND AVEN	UE		4. If Amendment, Date of Original Filed (Month/Day/Year) 10/01/2009										6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													X	X Form filed by One Reporting Person							
BURLIN	IGTON M													Form filed by More than One Reporting Person							
(City)	(S	tate) (	(Zip)																		
		Tab	le I - N	lon-Deri	vative	Sec	uriti	es Ac	cqu	ıired, [	Disp	osed of	, or Be	nef	ficially	/ Owned					
1. Title of Security (Instr. 3)  2. Tra Date (Mont					etion ny/Year)	Exec if an	cution ly	eemed tion Date, h/Day/Year)		3. Fransacti Code (Ins B)		4. Securities Acquired (AD Disposed Of (D) (Instr. 3 and 5)				5. Amou Securitie Benefici Owned	es ally		: Direct	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	r F	Price	Followin Reported Transact (Instr. 3	ed ction(s)		. 4)	(Instr. 4)			
Common	Stock	2009	)09				M		100	A		\$0.102	52,093		D						
Common	n Stock 09/23/20					109				S		100	D		\$4	51,993		D			
			Tab									sed of, o				ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	4. Transact Code (In 8)				Exp	Oate Exer biration C onth/Day/	) ate		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		str. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exe	te ercisable		opiration ate	Title	OI N Of	umber						
Stock Option (Right to Buy)	\$0.102	09/23/2009			M			100	06/0	02/1997 <sup>(1</sup>	06	5/02/2007 <sup>(2)</sup>	Commo	n	100	\$0	294,2	57	D		

## Explanation of Responses:

- 1. This stock option is exercisable and vests over a seven-year period as follows: (1) 8.29% on August 15, 1997; (2) 16.68% on May 15 of each of 1998, 1999, 2000, 2001, and 2002; and (3) 8.29% on May 15, 2003.
- 2. This stock option was originally reported on Form 3 as having an expiration date of June 2, 2007, but does not in fact have an expiration date. Because an expiration date is required to be reported, the originally reported expiration date is included for the sake of consistency.

## Remarks

This Amendment is being filed to correct the amount of securities beneficially owned following the reported transactions provided in Column 2 of Table I, which was erroneously reported as 50,358 in the original filing and as 49,072 in a previous amendment to the original filing. This Amendment is also being filed to add information received regarding the exercise of stock options on September 23, 2009, by the reporting person.

/s/ Aaron M. Grossman Attorney-in-Fact 11/20/2009

\*\* 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.