FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| haura nar raananaa: | 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* <u>Linden Robert V</u> | | | | | LEN | 2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] | | | | | | | | | all app Direct | or | ng Pe | 10% O | wner |
|---|--|--|-----------|---------|---|--|------------|------|--|-----|---------------------------|---|--|---|--------------------------------------|--|---|--|-------------------------|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) Variable of Earliest Transaction (Month/Day/Year) X Officer (give title below) below) | | | | | | | | | | specify | | | |
| C/O LEMAITRE VASCULAR, INC. | | | | | | | | | | | | | | VP Sales, The Americas | | | | | |
| 63 SECOND AVENUE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| BURLINGTON MA 01803 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative S | ec | uritie | s Ad | cquired, D | isp | osed o | of, or Be | enefic | ially | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Code (Ins | | rities Acq ed Of (D) (| | | ities Foicially (D | | Ownership m: Direct or irect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amoun | unt (A) or (D) | | ce | Report Transa | | | u. 4) | (IIISU: 4) |
| | 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) | if any | | 4. Transaction Code (Instr. 8) | | n Number I | | 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 derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Exp | oiration te | Title | Amour or Number of Shares | er | | | | | |
| Stock Option (Right to Buy) | \$4.7 | 02/25/2010 | | | A | | 1,500 | | 02/25/2010 ⁽¹⁾ | 02/ | 25/2017 | Common Stock | 1,500 | | \$0 | 1,500 | | D | |

Explanation of Responses:

1. This option is exercisable and vests over a five-year period at a rate of 20% on the first anniversary of the date listed in the table, and the balance vesting in equal annual installments over the remaining four years.

<u>/s/ Aaron M. Grossman</u> <u>Attorney-in-Fact</u> <u>02/26/2010</u>

** 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).

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.