FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

UNITED STATES SECURITIES AND

Washington, D.C. 20549

URITIES AND EXCHANGE COMMISSIC)N
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OMB APPROVAL										
OMB Number:	3235-028									

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

	OMB APPROVAL										
	OMB Number: 3235-028										
	Estimated average burden										
1	hours per response:	0.5									

defens	ed to satisfy the e conditions of struction 10.	e affirmative f Rule 10b5-1(c).																	
Name and Address of Reporting Person* LeMaitre George W					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Lewianie George W							[or		10% O		
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2024									Officer (give title Other (specification) Chairman and CEO				
(Street) BURLINGTON MA 01803						4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indi Line)								,				on .	
(City)	(\$	State)	(Zip)																
		Tab	le I - No	n-Deriv	vative	Sec	curitie	es Ac	quired	, Dis	sposed o	of, or Be	eneficia	Ily Owne	d				
Da				2. Transa Date (Month/E		r) Ex	A. Deemed kecution Date, any lonth/Day/Year)		Code (Instr.				5) Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			12/09	/2024				М		9(1)	A	\$0(1	1,89	94,142	D			
Common	Stock			12/09	/2024				F		532(2)	D	\$101.	12 1,89	93,610		D		
		Т	able II -								osed of converti			y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transa Code (8)				6. Date E Expiratio (Month/D	n Dat	е	7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a	of s g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Dividend Equivalent Rights	(3)	12/09/2024			M			9(3)	(3)		(3)	Common Stock	9	\$0	30.41		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 December 8, 2023. 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 December 8, 2023. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock

/s/ John Pitfield

12/11/2024

** 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.