FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

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 intended.
to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

Instruct	tion 10.																					
1. Name and Address of Reporting Person* Jasinski Lawrence J					2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/06/2024											er (giv	ve title		Other (s below)	·	
63 SECOND AVENUE (Street) BURLINGTON MA 01803				4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)												Pers	on						
		Tab	le I - Non	-Deriv	ative	e Se	curitie	s Ac	quir	red, D	isp	osed o	f, or l	Bene	eficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution			, T	3. Transaction Code (Instr. 8) 4. Securit Disposed 5)		ties Acc	quired (Instr.	(A) or 3, 4 and	4 and Securitie Benefici		es For ally (D) Following (I) (: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code V		Amount	(A (D	A) or D)	Price	Transact (Instr. 3		tion(s)			(111301.4)	
Common	Stock			12/06	5/2024				A		420(1)	(1) A		\$0	5,531		1	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transacti Code (Ins 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties red	Expira	ite Exerci ration Da ith/Day/Y	te	Amount of			8. Price of Derivative Security (Instr. 5)	e de Se Be Ov Fo Re	9. Number derivative Securities Beneficially Owned Following Reported Transaction (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 Exerc	cisable		xpiration ate	Title	1	Amount or Number of Shares							
Stock Option (Right to Buy)	\$101.12	12/06/2024			Α		2,594		12/06	5/2024 ⁽²⁾	13	2/06/2029	Comm		2,594	\$0		2,594		D		

Explanation of Responses:

1. Represents a restricted stock unit award that vests on a time-based schedule as follows: 33 1/3% of the award vests on the anniversary of the grant date listed in the table, with the balance vesting in equal annual installments over the remaining two years.

2. This option is exercisable and vests over a three-year period at a rate of 33 1/3% on the first anniversary of the date listed in the table, with the balance vesting in equal annual installments over the remaining two years.

** Signature of Reporting Person Date

12/10/2024

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.