Edgar Filing: LeMaitre George W - Form 4

LeMaitre G	eorge W										
Form 4 September	10 2018										
•	ЛЛ								PPROVAL		
FORM	UNITED	STATES		RITIES A Ashington			E COMMISSIO	N OMB Number:	3235-0287		
Check this box									January 31,		
if no longer subject to Section 16. Form 4 or								Estimated burden ho response	urs per		
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17((a) of the	Public U	Jtility Hol	ding Co		inge Act of 1934, t of 1935 or Secti 1940				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> LeMaitre George W			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		LEMAITRE VASCULAR INC [LMAT]				(Check all applicable)					
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify				
C/O LEMA INC., 63 SI	(Month/Day/Year) 09/06/2018				below) below) Chairman and CEO						
				4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
BURLING	TON, MA 01803						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tat	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab				-	sposed of, or convertible	Beneficially Owner securities)	d			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber	Expiration Date	Underlying Securities	Derivati

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8))	of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	ties red sed 3,	(Month/Day/	Year)	(Instr. 3 and	4)	Security (Instr. 5
				Code N	V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Rights	<u>(1)</u>	09/06/2018		А		15 (1)		<u>(1)</u>	<u>(1)</u>	Common Stock	15	\$ 0
Dividend Equivalent Rights	(2)	09/06/2018		А		11 (2)		(2)	(2)	Common Stock	11	\$ 0

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
LeMaitre George W C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803	Х	Х	Chairman and CEO					
Signatures								
/s/ Laurie A. Churchill, Attorney-in-fact	09/	10/2018						
**Signature of Reporting Person		Date						
Evaluation of Deener								

Explanation of Responses:

- * 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).
- (1) These dividend equivalent rights accrued on a restricted stock unit award granted on 7/25/2016 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- (2) These dividend equivalent rights accrued on a restricted stock unit award granted on 12/22/2017 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.