#### Edgar Filing: LEMAITRE VASCULAR INC - Form 4

LEMAITRE Form 4 April 07, 2014	VASCULAR ING	C									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	er <b>STATEM</b> 5.	-									
Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> LeMaitre Cornelia W			2. Issuer Name <b>and</b> Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC, 63 SECOND AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 04/03/2014					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) VP, Human Resources, Director			
BURLINGT	(Street) 4. If Amer Filed(Mon SURLINGTON, MA 01803				e Original			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State) (	Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	04/03/2014			Code V S	Amount 3 (1)	(D) D	Price \$ 8.3	(Instr. 3 and 4) 403,834	I	By spouse	
Common Stock	04/04/2014			S	197 <u>(1)</u>	D	\$ 8.3	403,637	I	By spouse	
Common Stock								174,581	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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# displays a currently valid OMB control number.

## 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 Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
LeMaitre Cornelia W C/O LEMAITRE VASCULAR, INC 63 SECOND AVENUE BURLINGTON, MA 01803	Х		VP, Human Resources, Director				
Signatures							
Laurie A. Churchill, Attorney-In-Fact	04/07	//2014					
**Signature of Reporting Person	Ε	Date					
<b>Explanation of Respo</b>	nses	:					

\* 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) This transaction was effected pursuant to a Rule 10b5-1 trading plan.

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.