#### Edgar Filing: LEMAITRE VASCULAR INC - Form 3

#### LEMAITRE VASCULAR INC

Form 3

April 15, 2014

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0104

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**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

Roush John A

(Last)

(First)

Statement

(Month/Day/Year)

04/09/2014

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

LEMAITRE VASCULAR INC [LMAT]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O LEMAITRE VASCULAR, **63 SECOND AVENUE** 

(Middle)

(Street)

(Check all applicable)

10% Owner \_X\_ Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

BURLINGTON, Â MAÂ 01803

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(Instr. 4)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. Conversion or Exercise

Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

**Expiration Title** Date

Amount or Number of

Shares

Price of Derivative Security

Security: Direct (D) or Indirect (I)

1

(Instr. 5)

## **Reporting Owners**

| Reporting Owner Name / Address          | Relationships |              |         |       |
|-----------------------------------------|---------------|--------------|---------|-------|
|                                         | Director      | 10%<br>Owner | Officer | Other |
| Roush John A                            |               |              |         |       |
| C/O LEMAITRE VASCULAR, 63 SECOND AVENUE | ÂΧ            | Â            | Â       | Â     |
| BURLINGTON, MA 01803                    |               |              |         |       |

# **Signatures**

/s/ Laurie A. Churchill, Attorney-in-fact

04/15/2014

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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. 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.

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