Edgar Filing: Pellegrino Joseph P JR - Form 4

Pellegrino Jo	oseph P JR										
Form 4											
September 0	8, 2009										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check the if no long	ar.								Expires:	January 31,	
subject to		¹ STATEMENT OF CHAN					LOW	NERSHIP OF		2005 ated average	
Section 1									burden hours per		
Form 4 o Form 5						· -	1 (1024	response	0.5		
obligation	-						-	ge Act of 1934,			
may cont	inue. Section 17(•	•	· ·		f 1935 or Section	n		
See Instru	uction	50(II)	of the In	vestment	Compan	y Aci	t 01 194	+0			
1(b).											
(Print or Type F	Responses)										
	ddress of Reporting	Person [*]	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Pellegrino Joseph P JR Symbol LEMA				EMAITRE VASCULAR INC				Issuer			
								(Chec	k all applicable	a)	
			[LMAT]]				(enec	k un upphouok	-)	
(Last)	(First) (N	Middle)	3. Date of	Earliest Tr	ansaction			Director		6 Owner	
			(Month/D	-				X Officer (give below)	below)	er (specify	
	ITRE VASCULA		09/05/20)09				CFO	O & Treasurer		
INC., 03 SE	COND AVENU	C									
				endment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)			Applicable Line) _X_ Form filed by (One Reporting Pe	erson	
BURLINGT	TON, MA 01803							Form filed by M			
Denthinter	010,101101000							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	e 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Exec		on Date, if	Transaction(A) or Disposed of			d of	Beneficially	(D) or I Indirect (I)		
(Instr. 3)		any (Month/	any (Month/Day/Year)		Code (D) (Instr. 8) (Instr. 3, 4 and 5)					Beneficial Ownership	
		(wionu)						Following		(Instr. 4)	
						(A)		Reported	. ,		
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(IIISU. 5 allu 4)			
Common	09/05/2009			F	1,489	D	\$	65,782	D		

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

Stock

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

(1)

3.51

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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)	(Month/Day/Year) vative rities ired r psed		d 7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative E Security S (Instr. 5) E G F R T	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(insu

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Reporting Owners

Reporting Owner Name / Address	Relationships							
FB	Director	10% Owner	Officer	Other				
Pellegrino Joseph P JR C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803			CFO & Treasurer					
Signatures								
/s/ Aaron M. Grossman Attorney-in-Fact	09/	/08/2009						
**Signature of Reporting Person		Date						

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).
- These shares represent shares withheld to satisfy tax withholding obligations incurred upon the vesting of restricted stock units awarded (1) to the reporting person on September 5, 2008. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.

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.