Edgar Filing: LeMaitre Cornelia W - Form 4

| LeMaitre Co Form 4 | ornelia W | | | | | | | | | | | |
|--|---|-----------------|-------------------------------------|---|--|-----------|-----------|--|---|---|-----------|--|
| November 1 | 6, 2009 | | | | | | | | | | | |
| FORM | 14 UNITED | STATES | S SECUE | RITIE | S A | ND EX(| CHA | NGE C | OMMISSION | | PPROVAL | |
| | | ~ | | | | D.C. 20 | | | | Number: | 3235-0287 | |
| Check this box if no longer whigh to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | | | Expires: | January 31, 2005 | | |
| subject to Section 1 Form 4 o Form 5 | | SECURITIES | | | | | | Estimated a burden hou response | verage | | | |
| obligatio may cont <i>See</i> Instru 1(b). | ns Section 17(| a) of the | | tility H | Iold | ling Con | npany | Act of | e Act of 1934, 1935 or Section 0 | n | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| LeMaitre Cornelia W Symbol | | | r Name and Ticker or Trading | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | [LMAT | | | | | | (Check all applicable) | | | |
| (Month/D | | | | - | | | | | X Director 10% Owner X Officer (give title Other (specify below) below) | | | |
| | ITRE VASCULA COND AVENUE | | 11/12/2 | 009 | | | | | V.P., Huma | n Resources,D | irector | |
| Filed(Mor | | | | | ndment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | FON, MA 01803 | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - No | on-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | med on Date, if Day/Year) | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 11/12/2009 | | | S | | 1,831 | D | \$ 4.6 | 552,708 | D | | |
| Common Stock | 11/12/2009 | | | S | | 300 | D | \$ 4.61 | 552,408 | D | | |
| Common Stock | 11/12/2009 | | | S | | 369 | D | \$ 4.5 | 552,039 | D | | |
| Common Stock | 11/12/2009 | | | G | V | 100 | D | \$0 | 551,939 | D | | |

S

400

D \$4.8 551,539

D

Common

Stock

11/16/2009

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| Common Stock | 11/16/2009 | S | 500 | D | \$4.81 551,039 D | |
|-----------------|------------|---|-----|---|-----------------------|--|
| Common Stock | 11/16/2009 | S | 200 | D | \$4.91 550,839 D | |
| Common Stock | 11/16/2009 | S | 100 | D | \$ 550,739 D | |
| Common Stock | 11/16/2009 | S | 676 | D | \$ 550,063 D | |
| Common Stock | 11/16/2009 | S | 120 | D | \$4.8 549,943 D | |
| Common Stock | 11/16/2009 | S | 387 | D | \$ 4.805 549,556 D | |
| Common Stock | 11/16/2009 | S | 100 | D | \$4.82 549,456 D | |
| Common Stock | 11/16/2009 | S | 200 | D | \$4.92 549,256 D | |
| Common Stock | 11/16/2009 | S | 300 | D | \$4.88 548,956 D | |
| Common Stock | 11/16/2009 | S | 100 | D | \$4.9 548,856 D | |

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

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. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|-------|--|---|--|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| LeMaitre Cornelia W C/O LEMAITRE VASCULAR, INC 63 SECOND AVENUE BURLINGTON, MA 01803 | Х | | V.P., Human Resources, Director | | | | |
| Signatures | | | | | | | |
| /s/ Aaron M. Grossman Attorney-in-Fact | 11 | /16/2009 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Explanation of Respo | nses | | | | | | |

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).

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.