LeMaitre Cornelia W Form 4 December 04, 2009

## FORM 4

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

OMB APPROVAL
OMB
Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

Form 4 or 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 1940

burden hours per response...

*See* Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person *LeMaitre Cornelia W          | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>LEMAITRE VASCULAR INC<br>[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<br>(Month/Day/Year)<br>12/02/2009                        | X Director 10% Owner Officer (give title Other (specify below) V.P., Human Resources, Director          |  |  |
| (Street)  | 4. If Amendment, Date Original Filed(Month/Day/Year)                                     | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |  |
| RUPLINGTON MA 01803   |  | Form filed by More than One Reporting   |  |  |

#### **BURLINGTON, MA 01803**

(State)

(Zip)

(City)

| Table I - Non-Derivative | Securities Acquire | ed. Disposed of, o | r Beneficially Owned |
|--------------------------|--------------------|--------------------|----------------------|

Person

|                                      | Table 1 - Non-Derivative Securities Acquired, Disposed of, of Deficicianty Owned |   |   |  |           |         |  |  |   |
|--------------------------------------|--|---|---|--|-----------|---------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year)  | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securities Acquired ion(A) or Disposed of (D) (Instr. 3, 4 and 5) |           |         | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                      |  |   | Code V                                  | Amount   | (A)<br>or |         | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                   | ransaction(s)  |   |
| Common<br>Stock                      | 12/02/2009   |   | S                                       | 1,000  | D         | \$ 4.8  | 543,439  | D  |   |
| Common<br>Stock                      | 12/02/2009   |   | S                                       | 1,200  | D         | \$ 4.84 | 542,239  | D  |   |
| Common<br>Stock                      | 12/02/2009   |   | S                                       | 200  | D         | \$ 4.85 | 542,039  | D  |   |
| Common<br>Stock                      | 12/03/2009   |   | S                                       | 2,767  | D         | \$ 4.75 | 539,272  | D  |   |
| Common<br>Stock                      | 12/03/2009   |   | S                                       | 400  | D         | \$ 4.8  | 538,872  | D  |   |

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| Common<br>Stock | 12/03/2009 | S | 44    | D | \$<br>4.805 538,828 | D |
|-----------------|------------|---|-------|---|---------------------|---|
| Common<br>Stock | 12/04/2009 | S | 2,489 | D | \$ 4.61 536,339     | D |
| Common<br>Stock | 12/04/2009 | S | 800   | D | \$ 4.62 535,539     | D |
| Common<br>Stock | 12/04/2009 | S | 100   | D | \$ 4.64 535,439     | D |
| Common<br>Stock | 12/04/2009 | S | 500   | D | \$ 4.65 534,939     | D |
| Common<br>Stock | 12/04/2009 | S | 200   | D | \$ 4.68 534,739     | D |
| Common<br>Stock | 12/04/2009 | S | 300   | D | \$ 4.69 534,439     | 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.

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

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exerc | cisable and | 7. Title | e and    | 8. Price of |  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|----------|----------|-------------|--|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transact   | ionNumber  | Expiration Da | ate         | Amou     | nt of    | Derivative  |  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)       | Under    | lying    | Security    |  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivativo | e             |             | Securi   | ties     | (Instr. 5)  |  |
|             | Derivative  |                     |                    |            | Securities | ;             |             | (Instr.  | 3 and 4) |             |  |
|             | Security    |                     |                    |            | Acquired   |               |             |          |          |             |  |
|             |             |                     |                    |            | (A) or     |               |             |          |          |             |  |
|             |             |                     |                    |            | Disposed   |               |             |          |          |             |  |
|             |             |                     |                    |            | of (D)     |               |             |          |          |             |  |
|             |             |                     |                    |            | (Instr. 3, |               |             |          |          |             |  |
|             |             |                     |                    |            | 4, and 5)  |               |             |          |          |             |  |
|             |             |                     |                    |            |            |               |             |          |          |             |  |
|             |             |                     |                    |            |            |               |             |          | Amount   |             |  |
|             |             |                     |                    |            |            | Date          | Expiration  |          | or       |             |  |
|             |             |                     |                    |            |            | Exercisable   | Date        |          | Number   |             |  |
|             |             |                     |                    |            |            |               |             |          | of       |             |  |
|             |             |                     |                    | Code V     | I (A) (D)  |               |             |          | Shares   |             |  |

## **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |                                 |       |  |  |  |  |
|--------------------------------|---------------|-----------|---------------------------------|-------|--|--|--|--|
|                                | Director      | 10% Owner | Officer                         | Other |  |  |  |  |
| LeMaitre Cornelia W            | X             |           | V.P., Human Resources, Director |       |  |  |  |  |
| C/O LEMAITRE VASCULAR, INC     |               |           |                                 |       |  |  |  |  |
| 63 SECOND AVENUE               |               |           |                                 |       |  |  |  |  |

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**BURLINGTON, MA 01803** 

## **Signatures**

/s/ Aaron M. Grossman Attorney-in-Fact

12/04/2009

\*\*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).

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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