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LeMaitre Co Form 4 May 06, 201										
FORM	ПЛ									PPROVAL
		ITIES AND EXCHANGE COMMISSIO hington, D.C. 20549					OMB Number:	3235-0287		
Check th	0 /				Expires:	January 31,				
subject to Section 16. SECURITIES								Estimated a burden hou response	irs per	
(Print or Type	Responses)									
1. Name and A LeMaitre C	Address of Reportin ornelia W	ng Person <u>*</u>	Symbol	Name and FRE VAS				5. Relationship of Issuer (Chec	Reporting Pers	
(Last)	(First)	(Middle)		Earliest Transaction				X Director 10% Owner X Officer (give title Other (specify		
	ITRE VASCU COND AVEN		(Month/Da 05/05/20	-				below)	below) n Resources,D	
BURLING	(Street))3		ndment, Dat th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting Pe	erson
(City)	(State)	(Zip)			• .• .			Person		
		-						uired, Disposed of		-
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code (Instr. 8)	Transaction(A) or Disposed of			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	05/05/2010			S	1,300	D	\$5	512,639	D	
Common Stock	05/05/2010			S	6,000	D	\$ 5.01	506,639	D	
Common Stock	05/05/2010			S	1,600	D	\$ 5.02	505,039	D	
Common Stock	05/05/2010			S	200	D	\$ 5.03	504,839	D	
Common Stock	05/05/2010			S	63	D	\$ 5.05	504,776	D	

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Common Stock	05/05/2010	S	437	D	\$ 5.07 504,339	D
Common Stock	05/05/2010	S	100	D	\$ 504,239	D
Common Stock	05/05/2010	S	300	D	\$ 503,939 5.13	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address				
	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	05	5/06/2010		
**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.