#### Edgar Filing: Roberts David B - Form 4

Roberts Dav Form 4	/1d B										
September 2	28, 2012										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
		STATES S		hington,			INGE C	OMMUSSION	OMB Number:	3235-0287	
	Check this box if no longer STATEMENT OF CHANCES IN DENERICIAL OWNERSHIP OF								Expires:	January 31, 2005	
In the longer       Statement of Changes in Beneficial owned         subject to       Statement of Changes in Beneficial owned         Section 16.       SecURITIES         Form 4 or       Securities					NEKSHIP OF	Estimated average burden hours per response					
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(	a) of the Pu	blic Ut		ding Cor	npan	y Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type	Responses)										
Roberts David B Symbol				AITRE VASCULAR INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	AITRE VASCULA		9/26/20	)12				Preside	ent and Directo	r	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
BURLING	TON, MA 01803							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		ate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				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)		
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Stock	09/26/2012			S <u>(1)</u>	5,753	D	\$6	221,724	D		
Common Stock	09/27/2012			S <u>(1)</u>	2,000	D	\$6	219,724	D		
Common Stock	09/28/2012			S <u>(1)</u>	1,247 (2)	D	\$ 6.0024	218,477	D		

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

1

#### Edgar Filing: Roberts David B - Form 4

# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Roberts David B C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803	х		President and Director				
Signatures							
/s/ Nicole Brookshire, Attorney-in-Fact	09/28/2012						
<pre>**Signature of Reporting Person</pre>		Date					
Explanation of Docnoncocy							

### **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).
- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$6.00 and (2) \$6.01. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and

Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.

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.