## Edgar Filing: Grossman Aaron M - Form 4

Grossman Aa Form 4	ron M											
	2000											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									т	PPROVAL		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	s box er STAT 5. Filed p nue. ction	STATED STATES SECONTIES AND EXCHANCE COMMISSION         Washington, D.C. 20549         STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF         SECURITIES         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								OMB 3235-028 Number: January 31 Expires: 200 Estimated average burden hours per response 0.		
Grossman Aaron M Sy				2. Issuer Name <b>and</b> Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Earliest Tra ay/Year) )09	ansaction			Director       10% Owner         X Officer (give title       Other (specify below)         VP & General Counsel				
				endment, Date Original nth/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>				
BURLINGT	ON, MA 018	03						Form filed by M Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execution any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/22/2009			F	530 <u>(1)</u>		\$ 4.9	12,752	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: Grossman Aaron M - Form 4

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Grossman Aaron M C/O LEMAITRE VASCULA 63 SECOND AVENUE BURLINGTON, MA 01803	AR, INC.			VP & General Counsel				
Signatures								
/s/ Aaron M. Grossman	12/23/200	9						
<u>**</u> Signature of Reporting	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 December 22, 2006. 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.

Person