## Edgar Filing: LEMAITRE VASCULAR INC - Form 4

LEMAITRE Form 4 June 09, 201	E VASCULAR IN 15	IC									
FORM	ЛΔ							OMB APPROVAL			
-	STATES	SECURITIES AND EXCHANGE CC Washington, D.C. 20549				NGE C	OMMISSION	OMB Number:	3235-0287		
Check the check	ner.							Expires:	January 31, 2005		
subject t Section Form 4	<b>SIAIE</b> N 16.	MENT OF	F CHAI	NGES IN BENEFICIAL OWNE SECURITIES				ERSHIP OF	Estimated average burden hours per		
Form 5 obligation may corn See Instr 1(b).	(a) of the l	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectio of the Investment Company Act of 1940					response	0.5			
(Print or Type	Responses)										
Roberts David B Syn				Symbol Is				5. Relationship of Reporting Person(s) to Issuer			
			LEMAITRE VASCULAR INC [LMAT]				С	(Check all applicable)			
(Mont				nth/Dav/Year) –				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President and Director			
(Street) 4. If A				Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
File			Filed(Mo	Filed(Month/Day/Year) A				Applicable Line) X_Form filed by One Reporting Person			
BURLING	TON, MA 01803							_X_ Form filed by O Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit or Dispos (Instr. 3, 4	ed of (	-	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	06/05/2015			Code V S		(D) D	Price \$ 11.1742		D		
							(1)				

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. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **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							
Laurie A. Churchill, Attorney-in-fact	06/09/2	2015					
**Signature of Reporting Person	Dat	te					

## **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).
- The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$11.10 to
   (1) \$11.31. 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.