LeMaitre George W Form 4 December 10, 2018

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

X 10% Owner

Other (specify

Check this box if no longer subject to Section 16. Form 4 or

SECURITIES Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(City)

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person *

(First)

(State)

LeMaitre George W

2. Issuer Name and Ticker or Trading Symbol

LEMAITRE VASCULAR INC

[LMAT]

(Month/Day/Year)

3. Date of Earliest Transaction

12/06/2018

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

Chairman and CEO

C/O LEMAITRE VASCULAR, INC., 63 SECOND AVENUE

(Street)

(Middle)

(Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

_X__ Director

X_ Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

BURLINGTON, MA 01803

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

(A)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned Following Reported

Transaction(s)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

or (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

3. Transaction Date 3A. Deemed 1. Title of

(Month/Day/Year) Execution Date, if TransactionNumber

6. Date Exercisable and **Expiration Date**

7. Title and Amount of 8. Price Underlying Securities Derivat

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Derivative

Conversion

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Pay/Year) (Instr. 3 and 4)		4)	Security (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Rights	<u>(1)</u>	12/06/2018		A	21 (1)	<u>(1)</u>	<u>(1)</u>	Common Stock	21	\$ 0
Dividend Equivalent Rights	(2)	12/06/2018		A	15 (2)	(2)	(2)	Common Stock	15	\$ 0

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
LeMaitre George W							
C/O LEMAITRE VASCULAR, INC.	X	X	Chairman and CEO				
63 SECOND AVENUE	Λ	Λ					
BURLINGTON, MA 01803							

Signatures

/s/ Laurie A. Churchill,
Attorney-in-fact

**Signature of Reporting Person

12/10/2018 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).
- (1) These dividend equivalent rights accrued on a restricted stock unit award granted on 7/25/2016 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.
- (2) These dividend equivalent rights accrued on a restricted stock unit award granted on 12/22/2017 and vest proportionately with such award. Each dividend equivalent right is the economic equivalent of one share of the Issuer's common stock.

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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