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| LEMAITRE Form 4 January 14, | E VASCULAR II 2016 | NC | | | | | | | | | | | |
|---|---------------------------|--|---------------------------------|------------------------------------|------------------------|--|-------------------------------|---|--|---|--|--|--|
| FORM | | | | | | | | | OMB AF | PROVAL | | | |
| | UNITED | OMB Number: | 3235-0287 | | | | | | | | | | |
| Check th if no lon | oer | | | Expires: | January 31, 2005 | | | | | | | | |
| subject to Section 1 Form 4 c | o SIAIE . 16. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | | | | |
| Form 5 obligation may con <i>See</i> Instr 1(b). | tinue. Section 17 | response 0.5 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 | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Roberts David B | | | Symbol LEMAITRE VASCULAR INC | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <i>(</i> -), | | | [LMA1] | | | | | | | | | | |
| (N | | | | of Earliest 7 Day/Year) 2016 | Fransaction | l | - | _X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President and Director | | | | | |
| | (Street) TON, MA 01803 | | | endment, I nth/Day/Ye | Date Origin ar) | al | 1 | 6. Individual or Joi Applicable Line) _X_ Form filed by Ou Form filed by Mo | ne Reporting Per | rson | | | |
| | | | | | | |] | Person | | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non- | Derivative | e Secu | rities Acqu | ired, Disposed of, | or Beneficial | y Owned | | | |
| 1.Title of Security (Instr. 3) | | /Day/Year) Execution Date, if Transactionor Disp | | | oror Dispo | rities Acquired (A) 5. Amount of osed of (D) Securities 8, 4 and 5) Beneficially Owned Following (A) 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 | 01/12/2016 | | | Code V S | Amount 5,870 (1) | (D) D | Price \$ 15.8328 (2) | 134,736 | D | | | | |
| Common Stock | 01/13/2016 | | | S | 3,997 (1) | D | \$ 15.8462 (<u>3)</u> | 130,739 | D | | | | |
| Common Stock | 01/14/2016 | | | S | 3,000 (1) | D | \$ 15.9089 (4) | 127,739 | D | | | | |

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

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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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. onNumber | 6. Date Exer Expiration D | | 7. Tit Amou | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|------------------|---|------------------|------------------|--------------------|------------------------------|------------|----------------|------------|------------------------|----------------|
| Security | or Exercise | | any | Code | of Distribution | (Month/Day/ | Year) | Unde | | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | | | Secur | | (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 | T .4 | or | | |
| | | | | | | Exercisable | Date | Title | Number | | |
| | | | | Code V | (A) (D) | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|------------------------|-------|--|--|--|
| FB | 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 | 01/14/2 | 2016 | | | | | |
| **Signature of Reporting Person | Da | 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).
- (1) This transaction was 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 \$15.80 to
 (2) \$15.90. 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.

The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$15.80 to (3) \$15.92. 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.

(4)

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The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$15.90 to \$15.94. 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.