## Edgar Filing: Roberts David B - Form 4

| Roberts Davi<br>Form 4  | id B                               |   |   |  |            |              |  |  |  |           |  |
|---|------------------------------------|---|---|--|------------|--------------|--|--|--|-----------|--|
| May 03, 201   |                                    |   |   |  |            |              |  |  |  |           |  |
| FORM  | RITIES AND EXCHANGE COMMISSION     |   |   |  |            | OMB APPROVAL |  |  |  |           |  |
| Check thi   | UNITE                              | DSIAIES   |   | shington,  |            |              | NGE U  | OMINISSION   | OMB<br>Number:   | 3235-0287 |  |
| if no long<br>subject to<br>Section 1<br>Form 4 or<br>Form 5  |                                    | <b>NT OF CHANGES IN BENEFICIAL OWN</b><br><b>SECURITIES</b><br>nt to Section 16(a) of the Securities Exchange |   |  |            |              | Estimated<br>burden ho<br>response.  |  | urs per  |           |  |
| obligation<br>may cont<br><i>See</i> Instru<br>1(b).  | inue. Section 1                    |   |   | tility Hold<br>vestment                          | •          | · ·          |  | 1935 or Section<br>0   | 1  |           |  |
| (Print or Type F  | Responses)                         |   |   |  |            |              |  |  |  |           |  |
| Roberts David B Symbol  |                                    |   | er Name and Ticker or Trading           |  |            |              | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |  |  |           |  |
|   |                                    |   | [LMAT                                   | -  |            |              |  |  |  |           |  |
| (Last) (First) (Middle) 3. Date of<br>(Month/D<br>C/O LEMAITRE VASCULAR, 05/01/20<br>INC., 63 SECOND AVENUE |                                    |   |   | -  |            |              |  | _X_ Director10% Owner<br>_X_ Officer (give titleOther (specify<br>below)Dther (specify<br>below)<br>President and Director |  |           |  |
|   |                                    |   | endment, Date Original<br>nth/Day/Year) |  |            |              | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |  |           |  |
| BURLINGT  | ON, MA 0180                        | 3   |   |  |            |              |  | Person   | lore than One Ke   | porting   |  |
| (City)  | (State)                            | (Zip)   | Tabl                                    | e I - Non-D                                      | erivative  | Secur        | ities Acq  | uired, Disposed of   | , or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction D<br>(Month/Day/Yea | r) Executio<br>any  | med<br>n Date, if<br>Day/Year)          | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | (Instr. 3, | spose        | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)         | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |           |  |
| Common<br>Stock   | 05/01/2018                         |   |   | A  | 153        | A            | \$<br>32.72  | 26,632   | 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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | ınt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                        |       |  |  |  |  |
|--|---------------|-----------|------------------------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer                | Other |  |  |  |  |
| Roberts David B<br>C/O LEMAITRE VASCULAR, INC.<br>63 SECOND AVENUE<br>BURLINGTON, MA 01803 | Х             |           | President and Director |       |  |  |  |  |
| Signatures   |               |           |                        |       |  |  |  |  |
| /s/ Laurie Churchill,<br>Attorney-in-fact  | 05/03         | /2018     |                        |       |  |  |  |  |
| **Signature of Reporting Person  | Da            | te        |                        |       |  |  |  |  |
| Explanation of Responses:  |               |           |                        |       |  |  |  |  |

## **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).

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.