Edgar Filing: LEMAITRE VASCULAR INC - Form 4

| LEMAITRE Form 4 May 30, 2008 | VASCULAR | INC | | | | | | | | | |
|---|-----------------------------------|----------------------|--|---|-------------|---|---|--|--|-----------|--|
| FORM | Δ | | | | | | | | | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. SECURITIES SECURITIES LABOR SECURITIES LABOR SECURITIES | | | | | | | | rs per | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Pellegrino Joseph P JR | | | 2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT] | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (M | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2008 | | | | Director 10% Owner Officer (give title Other (specify below) CFO & Treasurer | | | |
| RURI INCT | | | | | | Applicable Line) _X_ Form filed by (| D. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| DUKLINGI | ON, WA 0100 | 5 | | | | | | Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acc | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Executio any | | 3. Transactic Code (Instr. 8) Code V | | 4 and (A) or | d 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) | | |
| Common Stock | 05/29/2008 | | | Р | 2,000 | A | \$ 3.59 | 34,231 | 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) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | | | | | |
|---|---------------|------------|-----------------|-------|--|--|--|
| ForBoo | Director | 10% Owner | Officer | Other | | | |
| Pellegrino Joseph P JR C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803 | | | CFO & Treasurer | | | | |
| Signatures | | | | | | | |
| /s/ Christopher H. Martin Attorney-in-Fact | | 05/30/2008 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| 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.