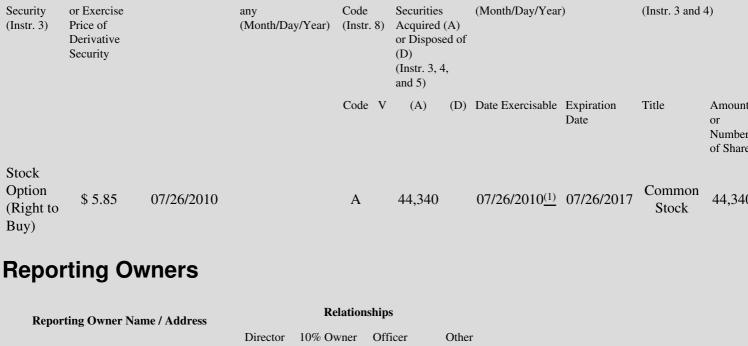
## Edgar Filing: Roberts David B - Form 4

Roberts David Form 4	В										
July 28, 2010	л								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287				
Check this box if no longer subject to Section 16. SECURITIES							Expires: Estimated burden hou response	urs per			
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> Roberts David B			2. Issuer Name <b>and</b> Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O LEMAITRE VASCULAR, INC., 63 SECOND AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 07/26/2010					X Director 10% Owner X Officer (give title Other (specify below) below) President			
(Street) BURLINGTON, MA 01803			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Tat	ole I - Non-I	Derivative	Secur	ities A	cquired, Disposed	of, or Beneficia	lly Owned	
	Transaction Date Ionth/Day/Year)	Execution I any	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D) 4 and 5 (A) or	)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Report	on a separate line	for each cla	uss of sec	urities benet	ficially ow	ned di	rectly o	or indirectly.			
					Perso inform requir	ns wi natior red to iys a (	ho res n cont respo	pond to the colle ained in this form and unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab			curities Acq ls, warrants				Beneficially Owner securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

## Edgar Filing: Roberts David B - Form 4



Roberts David B C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803	Х	President
Signatures		
/s/ Aaron M. Grossman Attorney-in-Fact	07/28/2010	
**Signature of Reporting Person	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) This option is exercisable and vests over a five-year period at a rate of 20% on the first anniversary of the date listed in the table, and the balance vesting in equal annual installments over the remaining four years.

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.