## Edgar Filing: LEMAITRE VASCULAR INC - Form 3

#### LEMAITRE VASCULAR INC

Form 3

October 18, 2006

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

Estimated average burden hours per

response...

**SECURITIES** 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 \*

Kamke Trent G

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

10/18/2006

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

LEMAITRE VASCULAR INC [LMAT]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Senior V. P., Operations

5. If Amendment, Date Original

Filed(Month/Day/Year)

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

(Street)

Director

\_X\_\_ Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

BURLINGTON, Â MAÂ 01803

(City) (State) (Zip)

1. Title of Security

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities

Beneficially Owned

(Instr. 4)

Ownership Form: Direct (D)

or Indirect (I) (Instr. 5)

Ownership

(Instr. 5)

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

Conversion or Exercise Price of Derivative

4.

5. Ownership Form of Derivative

6. Nature of Indirect Beneficial

Ownership

(Instr. 5)

Date Exercisable Expiration

Date

Title

Amount or Number of Shares

Security

Security: Direct (D) or Indirect

(I)

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						(Instr. 5)	
Stock Option (Right to Buy)	07/06/1998(1)	07/06/2008	Common Stock	30,000	\$ 2.3537	D	Â
Stock Option (Right to Buy)	01/01/1999(1)	01/01/2009	Common Stock	20,000	\$ 2.3537	D	Â
Stock Option (Right to Buy)	01/01/2000(1)	01/01/2010	Common Stock	16,000	\$ 3.625	D	Â
Stock Option (Right to Buy)	12/31/2000(2)	12/31/2010	Common Stock	6,000	\$ 4.15	D	Â
Stock Option (Right to Buy)	04/30/2001(2)	04/30/2010	Common Stock	6,000	\$ 4.44	D	Â
Stock Option (Right to Buy)	05/17/2002(2)	05/07/2012	Common Stock	7,500	\$ 7.03	D	Â
Stock Option (Right to Buy)	09/06/2002(2)	09/06/2012	Common Stock	14,500	\$ 7.44	D	Â
Stock Option (Right to Buy)	11/22/2005(2)	11/22/2015	Common Stock	15,000	\$ 11.78	D	Â
Stock Option (Right to Buy)	04/26/2006(2)	04/26/2013	Common Stock	2,021	\$ 12.37	D	Â

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
topolonig o macrimino, rauntos	Director	10% Owner	Officer	Other	
Kamke Trent G C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803	Â	Â	Senior V. P., Operations	Â	

# **Signatures**

/s/ Aaron M. Grossman
Attorney-in-Fact

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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 four year period at a rate of 25% after one year of service from the date listed on the table, and the balance vesting in equal annual installments over the remaining 3 years.
- (2) This option is exercisable and vests over a five year period at a rate of 20% after one year of service from the date listed on the table, and the balance vesting in equal annual installments over the remaining 4 years.

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### **Remarks:**

Exhibit Index

Reporting Owners 2

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# Exhibit 24 - Power of Attorney

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.