#### LEMAITRE VASCULAR INC

Form 4

August 03, 2015

## FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

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

burden hours per response... 0.5

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \*\*
Gebauer Peter R

(First)

(State)

2. Issuer Name **and** Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

LEMAITRE VASCULAR INC [LMAT]

(Check all applicable)

[LMA

(Middle)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

07/30/2015

\_\_\_\_ Director \_\_\_\_ 10% Owner \_\_X\_ Officer (give title \_\_\_\_ Other (specify below)

President, International OP

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

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

(Street)

\_X\_ Form filed by One Reporting Person
\_\_\_ Form filed by More than One Reporting

Filed(Month/Day/Year)

BURLINGTON, MA 01803

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(IIISU: 4)
Common Stock	07/30/2015		M	10,000 (1)	A	\$ 0.102	80,420	D	
Common Stock	07/30/2015		S	10,000 (2)	D	\$ 13.3	70,420	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.

SEC 1474

(9-02)

### Edgar Filing: LEMAITRE VASCULAR INC - Form 4

## 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. Transaction Code (Instr. 8)	5. Number of orderivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securit (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Stock Option (Right to Buy)	\$ 0.102	07/30/2015	M	10,000	06/02/1997(3)	06/02/2007(4)	Common Stock	10,0

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Gebauer Peter R

C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE

BURLINGTON, MA 01803

President, International OP

## **Signatures**

/s/ Laurie Churchill, Attorney-in-fact

08/03/2015

\*\*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) Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- (2) This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- (3) This option is fully vested and exercisable.
- (4) This stock option was originally reported on Form 3 as having an expiration date of June 2, 2007, but does not in fact have an expiration date. Because an expiration date is required to be reported, the originally reported expiration date is included for the sake of consistency.

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.

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