LEMAITRE VASCULAR INC

Form 4 June 04, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

SECURITIES

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

Gebauer Peter R

2. Issuer Name and Ticker or Trading

Symbol

LEMAITRE VASCULAR INC

3. Date of Earliest Transaction

[LMAT]

(Last) (First) (Middle)

C/O LEMAITRE VASCULAR,

(State)

INC., 63 SECOND AVENUE

(Street) 4. If Amendment, Date Original

(Zip)

Filed(Month/Day/Year)

(Month/Day/Year)

06/02/2015

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB

Number:

Expires:

response...

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Director 10% Owner Other (specify X_ Officer (give title below)

President, International OP

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

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

BURLINGTON, MA 01803

(City)

1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any (Month/Day/Y		3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	06/02/2015		M	1,552 (1)	A	\$ 4.41	42,859	D	
Common Stock	06/02/2015		M	22,048 (1)	A	\$ 5.85	64,907	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (Right to Buy)	\$ 4.41	06/02/2015		M	1,552	11/06/2009(2)	11/06/2016	Common Stock	1,552
Stock Option (Right to Buy)	\$ 5.85	06/02/2015		M	22,048	07/26/2010(3)	07/26/2017	Common	22,048

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

> > President, International OP

Gebauer Peter R

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

BURLINGTON, MA 01803

Signatures

/s/ Laurie Churchill, 06/04/2015 Attorney-in-fact

**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.
- This option is fully vested and exercisable.
- 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.

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