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LEMAITRE VASCULAR INC

Form 3

October 18, 2006

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

A Cieslak Kimberly L

(Last)

(City)

(Instr. 4)

1. Title of Security

(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

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O LEMAITRE VASCULAR, (Check all applicable) INC., 63 SECOND AVENUE

> 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

BURLINGTON, Â MAÂ 01803

(Street)

(State)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

Beneficially Owned

2. Amount of Securities

(Instr. 4)

Vice President, Marketing

Ownership Form:

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Title

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)

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

Date Exercisable Expiration

Date

Amount or Number of Shares

Security Direct (D) or Indirect

(I)

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						(Instr. 5)	
Stock Option (Right to Buy)	05/04/1999(1)	05/04/2009	Common Stock	10,000	\$ 3.15	D	Â
Stock Option (Right to Buy)	01/01/2000(1)	01/01/2010	Common Stock	4,000	\$ 3.625	D	Â
Stock Option (Right to Buy)	12/31/2000(2)	12/31/2010	Common Stock	2,000	\$ 4.15	D	Â
Stock Option (Right to Buy)	04/30/2001(2)	04/30/2011	Common Stock	3,000	\$ 4.14	D	Â
Stock Option (Right to Buy)	09/22/2003(2)	09/22/2013	Common Stock	12,000	\$ 8.37	D	Â
Stock Option (Right to Buy)	11/22/2005(2)	11/22/2010	Common Stock	15,000	\$ 11.78	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cieslak Kimberly L C/O LEMAITRE VASCULAR, INC.	Â	Â	î v. D. H. M. L.	â		
63 SECOND AVENUE			Vice President, Marketing			
BURLINGTON, MA 01803						

Signatures

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

**Signature of Reporting Person

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).

Date

- (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 List

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.

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