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	E VASCULAR II	NC									
Form 4 May 24, 20	16										
FORM	Л 4			a					OMB AF	PROVAL	
	UNITED	STATES			AND EX 1, D.C. 2(NGE CO	MMISSION	OMB Number:	3235-0287	
Check the check	ger								Expires:	January 31, 2005	
subject Section Form 4 Form 5		SECU	RITIES			ERSHIP OF	Estimated a burden hour response	average Irs per			
obligation may cor <i>See</i> Inst 1(b).	ons Section 17	(a) of the l	Public U	Itility Ho	lding Cor	npan	U	Act of 1934, 935 or Section			
(Print or Type	Responses)										
Kamke Trent G Sym			Symbol LEMA	ITRE VA	nd Ticker of		Is	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[LMA]	Γ]							
	(First) AITRE VASCUL ECOND AVENU			Day/Year)	Fransaction			Director _X Officer (give t elow) Senior V		Owner r (specify ns	
	(Street) TON, MA 01803			endment, I onth/Day/Ye	Date Origina ar)	ıl	A 	. Individual or Joi pplicable Line) X_ Form filed by Or Form filed by Mo erson	ne Reporting Per	rson	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	-	red, Disposed of,	or Beneficiall	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ed 3. 4. Securities Acquired (A)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	05/20/2016			S	8,088	D	φ 15.0157 <u>(1)</u>	12,204	D		
Common Stock	05/23/2016			S	8,377	D	\$ 15.0245 (2)	3,827	D		
Common Stock	05/23/2016			М	1,500 (3)	А	\$ 4.7	5,327	D		
Common Stock	05/23/2016			М	14,280 (3)	А	\$ 5.85	19,607	D		

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

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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. Transactio 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 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)	\$ 4.7	05/23/2016		М	1,500	02/25/2010(4)	02/25/2017	Common Stock	1,500
Stock Option (Right to Buy)	\$ 5.85	05/23/2016		М	14,280	07/26/2010(4)	07/26/2017	Common Stock	14,280

Reporting Owners

Reporting Owner Name / Address	Relationships						
Fg	Director	10% Owner	Officer	Other			
Kamke Trent G C/O LEMAITRE VASCULAR , INC. 63 SECOND AVENUE BURLINGTON, MA 01803			Senior V. P., Operations				
Signatures							
/s/ Laurie Churchill, Attorney-in-fact	05/24/2016						
**Signature of Reporting Person	Date						
Explanation of Deenen							

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) The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$15.00 to \$15.05. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and

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Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.

The price reported in Column 4 is a weighted average price. The transaction was executed in multiple trades ranging from \$15.00 to

- (2) \$15.12. The reporting person undertakes to provide to the issuer, any securityholder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and price at which the transaction was effected.
- (3) Represents shares acquired upon exercise of options by the Reporting Person, as reported in Table II.
- (4) This option is fully vested and exercisable.

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.