#### LEMAITRE VASCULAR INC

Form 4

December 08, 2015

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

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**OMB APPROVAL** 

response...

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

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Gebauer Peter R

(Last)

(City)

2. Issuer Name and Ticker or Trading

Symbol

LEMAITRE VASCULAR INC [LMAT]

3. Date of Earliest Transaction

(First) (Middle)

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

(Zip)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

12/04/2015

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

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** 

(State)

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	on Date 2A. Deemed //Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Transaction(A) or Disp Code (Instr. 3, 4 (Instr. 8)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/04/2015		Code V M	Amount 12,816 (1)	(D)	Price \$ 0.102	83,236	D	
Common Stock	12/04/2015		S	12,816 (2)	D	\$ 15.53	70,420	D	

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)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securit (Instr. 3 and 4)	
			Code V	and 5)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Stock Option (Right to Buy)	\$ 0.102	12/04/2015	M	12,816	06/02/1997(3)	06/02/2007(4)	Common Stock	12,8

## **Reporting Owners**

Reporting Owner Name / Address Relationships

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, 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.
- (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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