Edgar Filing: LeMaitre Cornelia W - Form 4

LeMaitre Con Form 4 July 20, 2010											
FORM	4									PPROVAL	
	UNITE	ED STATE		hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long	er							NEDGIUD OF	Expires:	January 31, 2005	
subject to Section 16.				SECUR		CIA	LOW	NEKSHIP OF	Estimated a burden hou	average	
Form 4 or									response		
Form 5 obligatior	· · · · · · · · · · · · · · · · · · ·	^					•	ge Act of 1934,			
may conti <i>See</i> Instru 1(b).	nue. Section) of the In	•	•	- ·		f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[LMAT]]				(Chee	k an applicable	<i>z)</i>	
(Last) C/O LEMAI	(Month/D	3. Date of Earliest Transaction(Month/Day/Year)07/18/2010				X Director 10% Owner X Officer (give title Other (specify below) below) V.P., Human Resources,Director					
INC, 63 SEC	COND AVEN	IUE									
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
BURLINGT	ON, MA 018	03						Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execut any		3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
Common Stock	07/18/2010			F	125 <u>(1)</u>	D	\$ 5.27	393,814	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.

 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
Fg	Director	10% Owner	Officer	Other				
LeMaitre Cornelia W C/O LEMAITRE VASCULAR, INC 63 SECOND AVENUE BURLINGTON, MA 01803	Х		V.P., Human Resources, Director					
Signatures								
/s/ Aaron M. Grossman Attorney-in-Fact	07	/20/2010						
**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).
- These shares represent shares withheld to satisfy tax withholding obligations incurred upon the vesting of restricted stock units awarded
 (1) to the reporting person on July 18, 2007. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.

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.