Edgar Filing: LeMaitre Cornelia W - Form 4

LeMaitre Co	rnelia W										
Form 4											
March 11, 20	_								0145 A		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	OMB APPROVAL		
	UNITE	DSIAI			D.C. 205				OMB Number:	3235-0287	
Check thi			v v etc	,	D.C. 200				Expires:	January 31,	
if no long subject to		EMENT (OF CHAN	GES IN BENEFICIAL OW				NERSHIP OF		2005	
-	Section 16.				SECURITIES				Estimated a burden hou		
Form 4 or									response	•	
Form 5 obligation	1 0						c	e Act of 1934,			
may cont	inue. Section I		n) of the In	•	•	• •		f 1935 or Sectio	n		
See Instru 1(b).	iction	50(1	i) of the m	vestment	Company	ACI	01 1 9-	+0			
(Print or Type R	Responses)										
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to				
LeMaitre Co	ornelia W		Symbol	-				Issuer			
LEMA				MAITRE VASCULAR INC				(Check all applicable)			
			[LMAT]				(Chief	in un application	-)	
(Last)	(First)	(Middle)		Earliest Tr	ansaction			X Director		6 Owner	
C/O I EMAI	ITRE VASCU	TAD	(Month/D	-				X Officer (give below)	below)	er (specify	
	COND AVEN		03/11/20	510				V.P., Hum	an Resources,E	Director	
, , , , , , , , , , , , , , , , , , , ,	(Street)		4. If Ame	ndment. Da	te Original			6. Individual or Jo	oint/Group Fili	ng(Check	
· / / ·····				ith/Day/Year	-			Applicable Line)			
								X Form filed by	One Reporting Po More than One Re		
BURLINGT	ON, MA 0180	03						Person		epotting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	erivative S	Securit	ies Acc	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction I	Date 2A. De	eemed	3.				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye		tion Date, if	Transaction(A) or Disposed of			Securities	Form: Direct			
(Instr. 3)		any (Mont	h/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				•	(D) or Indirect (I)	Beneficial Ownership	
			•					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	00/11/2010					, í	\$	512.020	D		
Stock	03/11/2010			S	11,831	D	4.6	513,939	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. Transactic Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,			Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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						
	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	03	/11/2010					
**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).

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.