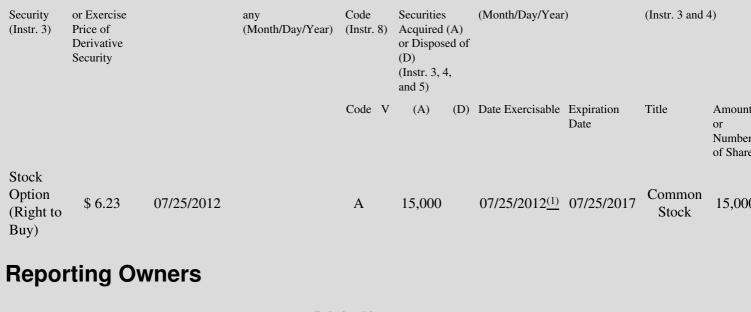
Edgar Filing: Thorndike William N Jr - Form 4

Thorndike V Form 4	Villiam N Jr									
August 10, 2	2012									
FORM	ЛЛ								PPROVAL	
	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-028	87
Check th if no lon	ger							Expires:	January 3 200	
subject t Section	subject to Section 16. Form 4 or					Estimated burden hoi	Estimated average burden hours per response			
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(a) of the l	Public U	Jtility Ho	lding Co		nge Act of 1934, t of 1935 or Secti 1940			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Thorndike William N Jr			2. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]				5. Relationship of Reporting Person(s) to Issuer			
							(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			L	_X_Director10% Owner Officer (give titleOther (specify below)below)			
	ATRE VASCULA ECOND AVENU		07/25/	2012			below)	below)		
BURLING	(Street) TON, MA 01803			nendment, D onth/Day/Ye	-	al	6. Individual or Applicable Line) _X_ Form filed by Form filed by	Y One Reporting P	erson	
		(7:					Person			
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) or l of (D) 4 and 5) (A) or	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)	
Reminder: Rej	port on a separate line	e for each cl	ass of sec	curities bene	Perso infor requi	ons who re nation con red to resp ays a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	Beneficially Owner securities)	d		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

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Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Thorndike William N Jr C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803	Х			
Signatures				
/s/ Brian J. Kickham Attorney-in-Fact	08/1	0/2012		
**Signature of Reporting Person	D	ate		

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).

This option is exercisable and vests over a three-year period at a rate of 33 1/3% on the anniversary of the date listed in the table, with the
(1) balance vesting in equal annual installments over the remaining two years. These options shall continue to vest as described above to the extent that a representative of Housatonic Equity Investors, L.P. continues to perform services for the Company.

These securities are held by Housatonic Equity Investors L.P. Housatonic Equity Partners I, LLC is the sole general partner of Housatonic Equity Investors L.P., and William N. Thorndike, Jr. is the managing director of Housatonic Equity Partners I, LLC. As such, the

(2) reporting person may be deemed to share voting and investment power with respect to the securities held of record by Housatonic Equity Investors L.P. The reporting person disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein, if any, and the reporting herein of such securities shall not be construed as an admission of beneficial ownership thereof for purposes of Section 16 or for any other purpose.

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.