Edgar Filing: LEMAITRE VASCULAR INC - Form 3

LEMAITRE VASCULAR INC Form 3 October 18, 2006 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per 0.5 response...

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Jasinski Lawrence J			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol LEMAITRE VASCULAR INC [LMAT]				
(Last)	(First)	(Middle)	10/18/2006	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O LEMAITRE VASCULAR, INC., 63 SECOND AVENUE				(Check	all applicable)			
(Street)				OfficerOther (give title below) (specify below)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 	
BURLINGTON, MA 01803								
(City) (State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Bei	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount or Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	•	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02))		
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.								
Tab	Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and A Securities Un Derivative Se	derlying	4. Conversion or Exercise	5. 6. Nature of Ownership Beneficial Form of Ownership	
			(Instr. 4)		Price of Derivative	Derivative	(Instr. 5)
	Date Exercisable E D	Expiration Date	Title	Amount or Number of Shares	Security	Security: Direct (D) or Indirect (I)	

Edgar Filing: LEMAITRE VASCULAR INC - Form 3

						(Instr. 5)	
Stock Option (Right to Buy)	05/30/2003(1)	05/30/2013	Common Stock	6,361	\$ 7.86	D	Â
Stock Option (Right to Buy)	01/27/2005(1)	01/27/2015	Common Stock	1,503	\$ 10.45	D	Â
Stock Option (Right to Buy)	07/20/2005(1)	07/20/2015	Common Stock	1,327	\$ 11.3	D	Â
Stock Option (Right to Buy)	04/26/2006(2)	04/26/2013	Common Stock	10,809	\$ 12.37	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Jasinski Lawrence J C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803	ÂX	Â	Â	Â		
Signatures						
/s/ Aaron M. Grossman Attorney-in-Fact	10/	/18/2006				

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

Date

- (1) This option is exercisable and vests over a five year period at a rate of 20% after one year of service from the date listed on the table, and the balance vesting in equal annual installments over the remaining 4 years.
- (2) This option is exercisable and vests over a three year period at a rate of 33 1/3% after one year of service from the date listed on the table, and the balance vesting in equal annual installments over the remaining 2 years.

Â

Remarks: Exhibit Index

Exhibit 24 - Power of Attorney

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.