## Edgar Filing: DeSisto Duane M - Form 4

DeSisto Duar	ne M											
Form 4												
December 22	, 2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL			
								OND	3235-0287			
Check this	s box		Was	hington,	D.C. 205	949			Number:	January 31,		
if no long	or	EMENT O	E CHAN	CES IN I	DENIFEI	CIAI		NEDSUID OF	Expires:	2005		
subject to			г UПАН	GES IN BENEFICIAL OWN				NEKSHIP OF	Estimated average			
Section 10 Form 4 or				SECURITIES					burden hours per			
Form 5		nursuant to	Section 16	$\delta(a)$ of the	Securiti	es Fr	cchand	ge Act of 1934,	response	0.5		
obligation	IS Section	-						of 1935 or Sectio	m			
may conti	nue.		of the Inv	•	•	• •			11			
See Instru 1(b).	cuon	00(11)			compun.		01 17					
-(-).												
(Print or Type R	esponses)											
	ddress of Report	ing Person *	2. Issuer	r Name <b>and</b> Ticker or Trading ITRE VASCULAR INC `]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
DeSisto Dua	ine M		Symbol									
			[LMAT]					( approacte)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			_X_ Director		6 Owner		
(Month/D				Day/Year)				Officer (give below)	e title Oth below)	er (specify		
	TRE VASCU		12/22/20	)06				001011)	001011)			
INC., 63 SE	COND AVEN	NUE										
			4. If Amer	endment, Date Original				6. Individual or Joint/Group Filing(Check				
			onth/Day/Year)				Applicable Line)					
		<b></b>						_X_ Form filed by Form filed by M				
BURLINGT	ON, MA 018	03						Person	note than one to	eporting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f. or Beneficial	llv Owned		
1.Title of	2. Transaction	Date 24 Dec		3.	4. Securi			5. Amount of	6. Ownership	-		
Security	(Month/Day/Y		on Date, if		onAcquired		r	Securities	Form: Direct	Indirect		
(Instr. 3)	` <b>`</b>	any		Code	Disposed	of (D	)	Beneficially	(D) or	Beneficial		
		(Month/	/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common					2,805							
Stock	12/22/2006			А	(1)	Α	\$0	2,805	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
DeSisto Duane M C/O LEMAITRE VASCULAR, INC. 63 SECOND AVENUE BURLINGTON, MA 01803	х			
Signatures				
/s/ Christopher H. Martin Attorney-in-Fact		12/22/2006		
**Signature of Reporting Person		Date		
Evaluation of Deene				

## **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).
- Of these shares, 2,500 shares represent restricted stock units issued pursuant to a restricted stock agreement between LeMaitre Vascular,
  (1) Inc. and Duane M. DeSisto. The restricted stock units vest over a three year period at a rate of 33 1/3% on the date listed in the table, and the balance vesting in equal annual installments over the remaining 2 years.

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.