SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [®] <u>Lloyd Brian G.</u>						MERIT MEDICAL SYSTEMS INC [MMSI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify					
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 03/14/2024								X Oncer give the Other specify below) below) CHIEF LEGAL OFFICER, SECRETARY					
(Street) SOUTH UT 84095 JORDAN					4.	4. If Amendment, Date of 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 Person					
(City) (State) (Zip)				R	Rule 10b5-1(c) Transaction Indication								tract, instructio		plan th	nat is intende	ed to		
		Tab	ole I - Noi	n-Deri	vativ	re Se	ecurit	ies A	cquired,	Dis	posed c	of, or B	eneficia	lly Owned	ł				
1. Title of Security (Instr. 3) Date (Month/E						Execution			Code (Instr. 5)		red (A) or istr. 3, 4 an	Benefici Owned F	es ally Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)		Reported Transact (Instr. 3	tion(s) and 4)			(Instr. 4)		
Common	Stock, No		Table "		14/202			• • •	G Guirod C		1,180				,602		D		
									quired, E ts, optior					/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		expiration Date	Title	Amount or Number of Shares						
Non- qualified stock options (right to buy)	\$44.8								03/02/2019	(1) 0	3/02/2025	Commor Stock	25,000		25,00	0	D		
Non- qualified stock options (right to buy)	\$55.73								03/01/2020	(2) 0	3/01/2026	Commor Stock	30,000		30,00	0	D		
Non- qualified stock options (right to buy)	\$37.71								02/26/2021	(3) 0	2/26/2027	Commor Stock	16,722		16,72	2	D		
Non- qualified stock options (right to buy)	\$56.25								03/19/2022	(4) 0	3/19/2028	Commor Stock	9,681		9,683	1	D		
Non- qualified stock options (right to buy)	\$65.03								02/28/2023	(5) 0	2/28/2029	Commor Stock	8,094		8,094	4	D		
Non- qualified stock options (right to buy)	\$70.58								02/28/2024	(6) 0	2/28/2030	Commor Stock	13,576		13,57	6	D		

Explanation of Responses:

1. Becomes exercisable in equal annual installments of 20% commencing on 03/02/2019.

2. Becomes exercisable in equal annual installments of 20% commencing on 03/01/2020.

3. Becomes exercisable in equal annual installments of 25% commencing on 02/26/2021.

4. Becomes exercisable in equal annual installments of 25% commencing on 03/19/2022.

5. Becomes exercisable in equal annual installments of 25% commencing on 02/28/2023.

6. Becomes exercisable in equal annual installments of 25% commencing on 02/28/2024.

/s/ Brian G. Lloyd

** Signature of Reporting Person

03/15/2024

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * 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.

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 Number.