FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average h | nurden | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or s | secti | on 30(r |) or the | inves | stment | Con | npany Act (| or 194 | 40 | | | | | | | | |
|---|---|--------|--|---------|---|--|---|-------------|---|-----------------------------|------|--------------------|--|---------------|-----------------------|---|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| LAMPROPOULOS FRED P | | | | |] | | | | | | | | | | | X X | Direct Offic | ctor er (give title | | X 10% C Other | wner (specify | |
| (Last) (First) (Middle) 1600 W MARIT PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2003 | | | | | | | | | | | Λ | President, CEO | | | | | |
| (Street) | DAN U' | Γ 8 | 34095 | | 4. If | Ame | endmer | t, Date | of Original Filed (Month/Day/Year) | | | | | | | . Indivine) | -/ | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | Forn Pers | rm filed by More than One Reporting rson | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curiti | es Ac | quir | red, I | Disp | osed o | f, oı | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month// | | | | | ay/Year) 2A. Deeme Execution if any (Month/Da | | | , Τι C | 3. Transaction Code (Instr. 8) | | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | С | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | |
| Common Stock, no par value 09/23/ | | | | | | | 3 09/23/2003 | | | S | | 1,500 | | D | \$2 | 3.6 | 823,833 | | | D | | |
| Common Stock, no par value 09/23/ | | | | | | 03 09/23/200 | | 3/2003 | | S | | 100 | | D | \$23.6 | | 823,733 | | | D | | |
| Common Stock, no par value 08/0 | | | | 08/08 | /1988 | 1988 09 | | 09/23/2003 | | A | | 41,038 | | A | (1) | | 41,038(1) | | | D ⁽¹⁾ | | |
| | | Та | ıble II - I (| | | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of Der Sec Acc (A) Dis of (I | of I | | Date Expiration on the Date | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | ı | Deri Sec | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | code V | (A) | (D) | Date | e ercisabl | | Expiration Date | or Nu of | | nount mber ares | | | | | | | |

Explanation of Responses:

 $1.\ ownership\ by\ 401(k)\ Plan;\ represents\ plan\ holdings\ a/o\ 8/22/03\ per\ most\ recent\ plan\ statement\ timely\ distributed.$

09/23/2003 Fred P. Lampropoulos

** Signature of Reporting Person

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.