Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* ANDERSON A SCOTT						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 12/09/2015									Officer below)	(give title		Other (below)	specify		
(Street) SOUTH UT 84095				4. I	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						
JORDAI	N U	Γ	84095											X		,	•	orting Perso n One Repo	- 1	
(City)	(S	tate)	(Zip)												Person					
		Tak	ole I - N	on-Deri	vative	Sec	curit	ies Ac	quire	d, Di	sposed o	f, or Be	nefici	ially (Owned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Ye		Exec Year) if an		a. Deemed lecution Date, any onth/Day/Year)		ction Instr.	4. Securities Acquire Disposed Of (D) (Inst				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	Stock, No	Par Value													1,0	000		D		
Common	Stock, No	Par Value		12/09/	12/09/2015				M		4,000	A	\$12	2.91		,000		D		
Common	Stock, No	Par Value		12/09/	2/09/2015				M		5,000	A	\$9.	95	10,	0,000		D		
Common	Stock, No	Par Value		12/09/	2015)15			M		5,000	A	\$13	.99	15,	15,000		D		
Common Stock, No Par Value 12/09/20					2015)15		S		10,600	D	\$18.4	146 ⁽⁵⁾	4,4	4,400		D			
		•	Table II	- Deriva	ative :	Secu calls	ıritie s. wa	es Acq	uired,	Dis	posed of, converti	or Ben	eficia urities	lly O	wned					
1 Title of		3. Transaction Date (Month/Day/Year)		· • ·	• '		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		unt 8. Price of Derivative Security				Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deer Execution if any (Month/I		4. Transa Code (I 8)		of Deri Secu Acqu (A) o Disp of (E	vative urities uired or oosed O) tr. 3, 4	Expiration	on Dat	e	of Securi Underlyir Derivativ	ties ng e Securi	De Se	erivative ecurity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	Ownership	of Indirect Beneficial Ownership (Instr. 4)	
Derivative Security	Conversion or Exercise Price of Derivative	Date	Execution if any	on Date,	Transa Code (I 8)	nstr.	of Deri Secu Acq (A) o Disp of (E (Inst and	vative urities uired or posed D) tr. 3, 4	Expiration (Month/li	on Dai	e ear)	of Securi Underlyir Derivative (Instr. 3 a	ties ng e Securi nd 4) Amou or Numb of	Int per	erivative ecurity	derivative Securities Beneficial Owned Following Reported Transactio	e s Illy	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
Derivative Security	Conversion or Exercise Price of Derivative	Date	Execution if any	on Date,	Transa Code (I		of Deri Secu Acqu (A) o Disp of (E	vative urities uired or losed	Expiration (Month/l	on Dai	e aar)	of Securi Underlyir Derivativ	Amou or Numb	Int per	erivative ecurity	derivative Securities Beneficial Owned Following Reported Transactio	e s Illy J on(s)	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
Non-qualified stock options (right to	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any	on Date,	Transa Code (I 8)	nstr.	of Deri Secu Acq (A) o Disp of (E (Inst and	vative urities uired or oosed o) tr. 3, 4 5) (D)	Expiration (Month/IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	on Dati	Expiration Date	of Securi Underlyin Derivativi (Instr. 3 a	Amou or Numb of Share	Int per es	erivative ecurity nstr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	essibles	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
Non-qualified stock options (right to buy) Non-qualified stock options (right to buy)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any	on Date,	Code (I	nstr.	of Deri Secu Acq (A) o Disp of (E (Inst and	vative urities uired or oosed o) tr. 3, 4 5) (D) 4,000	Date Exercisa	on Data Day/Yee	Expiration Date	of Securi Underlyin Derivativi (Instr. 3 a	Amou or Numb of Share	Dissipation of the property of	erivative ecurity nstr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	essibility Joon(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Becomes exercisable in equal annual installments of 20% commencing 05/23/2013.
- 2. Becomes exercisable in equal annual installments of 20% commencing 05/22/2014.
- 3. Becomes exercisable in equal annual installments of 20% commencing 06/11/2015.
- 4. Becomes exercisable in equal annual installments of 20% commencing 05/22/2016.
- 5. The price reported in Column 4 of Table 1 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.382 to \$18.510, inclusive. The reporting person undertakes to provide to Merit Medical Systems, Inc., any security holder of Merit Medical Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

<u>Fred Lampropoulos, Attorney-</u> <u>12/11/2015</u> <u>in-Fact</u>

** Signature of Reporting Person

Signature of Re

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.