FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasnington, D.C. 200

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).

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

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1. Name and Address of Reporting Person* WEINTRAUB B LEIGH						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI MSI										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify					
(Last) 1600 W	-	(First) (Middle) IT PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 05/03/2004										below)	C	00	below)		
(Street) SOUTH JORDAL		Т	84095			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)	(S	State)	(Zip)																		
Table I - Nor 1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		n	2A. Deemed Execution Date,			, Transaction Disposed Code (Instr. 5)			of, or Benefici ities Acquired (A) o d Of (D) (Instr. 3, 4 a			5. Amou Securitie Beneficia	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
						(MOIIII/Day/Year		Code	v		Amount		A) or	Price	Reported Transact (Instr. 3	ion(s)	", "	311. 4)	(Instr. 4)		
Common	Stock, no p	par value		05/0	3/200)4			М	T		2,000	_	A	\$2.30	3,	392				
Common	stock, no p	oar value		05/0	3/200)4			S			2,000		D	\$16.	1,	392	D			
Common	stock, no p	oar value				\dashv				+	4		_			1,1	30(1)	D			
Common	Common stock, no par value														6,8	04 ⁽⁶⁾		I	by 401(k) plan		
			Table II -						quired, ts, optic							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)		n of Ex		Expiration	6. Date Exercisabl Expiration Date (Month/Day/Year)			of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Ex Da	piration tte	Title	OI N Of	umber						
non- qualifield stock options (right to buy)	\$2.36	05/03/2004			M			2,000	04/23/200)4 ⁽⁷⁾	10	/23/2004	Comm		1,863	\$2.36	2,863	3	D		
Non- qualified stock options (right to buy)	\$7.61								12/08/20)2 ⁽²⁾	12	/08/2011	Comn		2,556		35,55	6	D		
non- qualified stock options (right to buy)	\$2.76								02/12/200)2 ⁽³⁾	02	/12/2011	Comn		3,335		33,33	5	D		
non- qualified stock options (right to buy)	\$9.74								02/06/200)4 ⁽⁴⁾	02	/06/2013	Comn		5,556		35,55	6	D		
non- qualified stock options (right to	\$21.67								12/13/20)4 ⁽⁵⁾	12	/03/2013	Comm		4,000		14,00	0	D		

Explanation of Responses:

- 1. Emplyee stock purchase
- 2. Become exercisable in equal annual installments of 20% commencing 120802

- 3. Become exercisable in equal annual installments of 20% commencing 021202
- 4. Become exercisable in equal annual installments of 20% commencing 020604
- 5. Become exercisable in equal annual installments of 20% commencing 121304
- $6. \ Represents \ plan \ holdings \ as \ of \ 05/04/04 \ based \ upon \ most \ recent \ plan \ statement \ timely \ distributed.$
- 7. Become exercisable in equal annual installments of 20% 042300

B leigh Weintraub 05/06/2004

** Signature of Reporting Person

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.