FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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 Instruction 1(b).

Name and Address of Reporting Person*     Evans Stephen C.				2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI										tionship of Reportin all applicable) Director		ng Person(s) to Is 10% Ov Other (s		vner		
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024										Officer (give title below)			below)	specify	
(Street) SOUTH JORDAN UT 84095					4. If Amendment, Date of Original Filed (Month/Day/Year)								) 6. Lir		′					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - N	on-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefici	ally	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N				Execution (Fear)		emed ion Date, /Day/Year)		3. Transaction Code (Instr. 8)				5)	5. Amount of Securities Beneficially Owned Following				7. Nature of Indirect Beneficial Ownership			
								Ì	Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, No Par Value 03/04/20				24			S		1,000	D	\$76.34	76.348(1)		7,226		D				
		Tal	ble II	- Derivati (e.g., pu							osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	e Conversion Date Execution Date, Trans		Transa Code ( 8)	(Instr.	5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrand 5	rative rities ired r osed )	Expiration Date			3 and	int of ities rlying ative ity (Instr.	nt er				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

1. 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 \$76.34 to \$76.35. 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.

> /s/ Brian G. Lloyd, Attorneyin-Fact

03/05/2024

\*\* 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.