FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENE	FICIAL 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* LAMPROPOULOS FRED P						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LAWIFI	TOPOOL	OS FRED F]								_		X	Direc		X	_			
(Last)	/Ei	rst) (Middle)												X	Office belov	er (give title v)		Other (below)	specify		
	MARIT PA	,	wildule)			3. Date of Earliest Transaction (Month/Day/Year) 11/21/2003											Preside	,				
(Street)					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Fil Line)							
SO JORE	OAN U	I' {	34095												X	Form filed by One Reporting Person						
(City)	(St	ate) (Zip)													Form Pers	n filed by Mor on	e tha	n One Rep	orting		
		Tabl	e I - No	n-Deriva	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, c	or Be	enefi	cially	Owne	ed					
Date				2. Transa Date (Month/Da			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu Bend Own		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) o (D)	r Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	ommon Stock, no par value 11				1/2003		11/21/2003		S		2,000		D	\$	28.49	701,348		D				
Common	Stock, no p	ar value		11/21/	2003		11/21/	2003	S		2,000		D	\$	28.55	8.55 699,348 D						
Common	Stock, no p	ar value		11/21/	2003		11/21/	2003	S		1,000		D	\$	28.42	698,348 D						
Common Stock, no par value 08				08/08/	08/08/1988		08/08/1988		М		41,038		D		(1)	41,038 ⁽¹⁾			I	by 401(k) Plan ⁽¹⁾		
		Та									sed of, onvertib					wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution	n Date,	4. Transactior Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired sed	6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		of es ng /e	Deri Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	F C C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)				Expiration Date	Tit	1	Amour or Numbe of Shares	r							

Explanation of Responses:

 $1. \ Represent \ plan \ holdings \ as \ of \ 8/22/03 \ per \ most \ recent \ plan \ statment \ timely \ distributed.$

Fred P. Lampropoulos 11/21/2003

** 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.