## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	OMB APPR	OVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
-	hours per response:	0.5							

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

							- ( )				, ,							
1. Name and Address of Reporting Person* Peterson Neil					2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 1600 W MERIT PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2023								X below) below)  CHIEF OPERATING OFFICER					
(Street) SOUTH JORDAN UT 84095				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City) (State) (Zip)												Person						
1 Title of (	Sacreite (Inc		ble I - Noi	n-Deriv					quired, Di	_				Ily Owned	nt of	6 0	norshin 7	'. Nature of
Date						2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Dispos Code (Instr. 5)		Disposed	ed Of (D) (Instr. 3,		d Securitie Beneficia Owned F Reported	s ally ollowing I	Form: (D) or	orm: Direct D) or Indirect ) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)	
			Table II	Doriva	tivo	tive Occupition Access		Code V		Amount	(A) or (D)	Price	(Instr. 3 a	tion(s) and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, Ti	ransaction ode (Instr.				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and of Securiti Underlying Derivative (Instr. 3 and	es J Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares					
Non- qualified stock options (right to buy)	\$70.58	02/28/2023			A		13,576		02/28/2024 <sup>(1)</sup>	02	2/28/2030	Common Stock	13,57	\$0	13,576	5	D	
Non- qualified stock options (right to buy)	\$28.2								04/14/2018 <sup>(2)</sup>	04	4/14/2024	Common Stock	16,00	)	16,000	)	D	
Non- qualified stock options (right to buy)	\$44.8								03/02/2019 <sup>(3)</sup>	03	3/02/2025	Common Stock	15,00	)	15,000	)	D	
Non- qualified stock options (right to buy)	\$54.4								04/25/2020 <sup>(4)</sup>	04	4/25/2026	Common Stock	20,00	)	20,000	)	D	
Non- qualified stock options (right to	\$68.33								08/19/2022 <sup>(5)</sup>	08	8/19/2028	Common Stock	25,00	)	25,000	)	D	

## **Explanation of Responses:**

- 1. Becomes exercisable in equal annual installments of 25% commencing 2/28/2024.
- 2. Becomes exercisable in equal annual installments of 20% commencing 4/14/2018.
- 3. Becomes exercisable in equal annual installments of 20% commencing 3/2/2019.
- 4. Becomes exercisable in equal annual installments of 20% commencing 4/25/2020.
- 5. Becomes exercisable in equal annual installments of 25% commencing 8/19/2022.

/s/ Brian G. Lloyd, Attorney-in-03/02/2023 **Fact** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).