FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
•	J. J		•

OMB APPRO	VAL					
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(b) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* BARNETT GREG L (Last) (First) (Middle) 1600 W. MERIT PARKWAY					2. <u>M</u>]	2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI 3. Date of Earliest Transaction (Month/Day/Year) 10/27/2003 MERIT MEDICAL SYSTEMS INC MMSI 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title X Other (specify below) Controller													
(Street) SOUTH JORDAN	N	UT 84095 (State) (Zip)				If Am	endme	nt, Date o	of Origina	al File	d (Month/Day		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(0.0)		o S	oouri	tios Ao	auiro	ı Di	cnocod o	f or Por	nofici	ially	Ownod								
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ur) it	2A. Deemed Execution Date,		Transaction Disposed O		es Acquired (A) or Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following		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	ction(s)			(Instr. 4)
Common	Stock, no p	oar value		10/27/2003			10/27/2003		M		4,167	A	\$2.76		4,1	4,167		D	
Common	Stock, no p	oar value		10/2	10/27/2003		10/27/2003		S		4,167	A	\$25.0058			0		D	
Common Stock, no par value			08/08/1988			08/08/1988		A		3,692	A	(1)		3,6	3,692		I	by 401(k) Plan ⁽¹⁾	
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. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)	ction of I			Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v			Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	ber					
Non- qualified stock options (right to buy)	\$2.76	10/27/2003	10/27/2	2003	M			4,167	09/30/2	2003	03/31/2004	Common Stock	4,16	67	\$2.76	0	D		
Non- qualified stock options (right to buy)	\$2.76	08/08/1988	08/08/:	1988	M			12,501	02/12/2002 ⁽²⁾		02/12/2011	Common Stock	12,5	501	\$2.76	12,501		D	
Non- qualified stock options (right to buy)	\$10.14	08/08/1988	08/08/:	1988	М			16,667	12/07/20)02 ⁽³⁾	12/07/2011	Common Stock	16,6	667	\$10.14	16,66	7	D	
Non- qualified stock options (right to buy)	\$12.99	08/08/1988	08/08/:	1988	М			13,334	02/06/20	004 ⁽⁴⁾	02/06/2012	Common Stock	13,3	334	\$12.99	13,33	4	D	

Explanation of Responses:

- $1. \ Represents \ plan \ holdings \ as \ of \ 12/31/02 \ based \ upon \ most \ recent \ plan \ statement \ timely \ distributed.$
- 2. Becomes exercisable in equal installments of 20% commencing 02/12/02
- 3. Becomes exercisable in equal installments of 20% commencing 12/07/02
- 4. Becomes exercisable in equal installments of 20% commencing 03/06/04

Greg Barnett

10/28/2003

** 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.