SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 3235-0287

1			
	Estimated average burden		
	Estimated average burden hours per response:		0.5

Section obligat	this box if no lo n 16. Form 4 or ions may contir tion 1(b).		STAT		ed purs	suant	t to Sect	tion 16	(a) of the Se	curiti	es Exchan	ige Ac	t of 193		HIP	Estim		er: verage burde sponse:	3235-0287 n 0.5		
1. Name and Address of Reporting Person [*] Parra Raul Jr.						MERIT MEDICAL SYSTEMS INC [MMSI (Check all applicat Director											(give title Other (specify				
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2023										A below) below) CFO AND TREASURER					
(Street) SOUTH UT 84095 JORDAN				4. 1											 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)	(St	tate)	(Zip)																		
4.7741-064			ole I - Nor			-			cquired,	Dis	-				-				7. N. t		
Date			Date	Transaction Ite Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	ction Instr.	on Disposed		ities Acquired (A) d Of (D) (Instr. 3, 4		5. Amou Securitie Beneficia Owned F Reported	es ally following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	mount (A) or (D) P		Price	Transact (Instr. 3 a	tion(s) and 4)					
Common	Stock, No	Par Value		03/03	8/202	3/2023			S		1,023	23 D		\$70	6,688		88 D				
Common Stock, No Par Value														2,8	2,872		Ι	By 401(k) Plan ⁽¹⁾			
		-							quired, D ts, option						Owned						
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction 3A. Deemed 4 ive Conversion Date Execution Date, 7 y or Exercise (Month/Day/Year) if any C			4. Fransa Code (I	ction	5. Nu of Deriv Secu Acqu (A) o Disp of (D	amber vative vities vired r osed) r. 3, 4		rcisal Date	ole and 7. Title and Amo of Securities			mount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	OI N OT	umber							
Non- qualified stock options (right to buy)	\$65.03								02/28/2023	2) 0	2/28/2029	Comi Sto		4,570		14,57	0	D			
Non- qualified stock options (right to buy)	\$44.8								03/02/2019 ⁽	3) 0	3/02/2025	Comi Sto		4,000		4,000)	D			
Non- qualified stock options (right to buy)	\$55.73								03/01/2020 ⁽	4) 0	3/01/2026	Comi Sto		0,000		30,00	0	D			
Non- qualified stock options (right to buy)	\$37.71								02/26/2021(5) 0	2/26/2027	Comi Sto	non ck 1	0,722		10,72	2	D			
Non- qualified stock options (right to buy)	\$56.25								03/19/2022 ⁽	6) 0	3/19/2028	Comi Sto		9,681		9,681	1	D			
Non- qualified stock options (right to buy)	\$70.58								02/28/2024(7) 0	2/28/2030	Comi Sto		3,576		13,57	6	D			

Explanation of Responses:

1. Represents plan holdings as of 01/31/2023.

2. Becomes exercisable in equal annual installments of 25% commencing 02/28/2023.

3. Becomes exercisable in equal annual installments of 20% commencing 03/02/2019.

- 4. Becomes exercisable in equal annual installments of 20% commencing 03/01/2020.
- 5. Becomes exercisable in equal annual installments of 25% commencing 02/26/2021.
- $\ensuremath{6.\,\text{Becomes exercisable in equal annual installments of 25\% commencing 03/19/2022. } \ensuremath{$
- 7. Becomes exercisable in equal annual installments of 25% commencing 02/28/2024.

<u>/s/ Brian G. Lloyd, Attorney-</u> <u>in-Fact</u> 03/07/2023

** 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.