FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL

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(h)	

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*  PERRY RASHELLE						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   X Officer (give title Other (specify below))													wner	
(Last) 1600 W.	•	,	(Middle)				of Earl 2011	iest Trai	nsaction (I	Month	/Day/Year)			Λ	below)		gal O	below) officer		
(Last) (First) (Middle) 1600 W. MERIT PARKWAY  (Street) SOUTH JORDAN  (City) (State) (Zip)  Table I - Note that the state of the state				4. 1	If Am	nendme	ent, Date	e of Origina	of Original Filed (Month/Day/Year)					Form f	Joint/Group Filing (Check A filed by One Reporting Pers filed by More than One Rep n		orting Perso	son		
(City)	(S	tate)	(Zip)																	
1. Title of	Security (Ins		ole I - No	2. Trans Date (Month/I	action	ar)	2A. Dee Executi if any		3. Transa	action	4. Securiti	es Acquire	d (A) or		5. Amou Securitie Benefici	nt of es ally Following	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Last) (First) (Mic 600 W. MERIT PARKWAY)  Street) SOUTH ORDAN UT 840  City) (State) (Zip Table  Title of Security (Instr. 3)  Title of Security (Instr. 3)  Title of Security (Instr. 3)  Title of Perivative Security (Month/Day/Year) Price of Derivative Security Sec										v	Amount	(A) or (D)	Price	Tuo'maaa		tion(s)			(111341. 4)
Common	Stock, No	Par Value		05/17	7/2011	-			М		3,463	A	\$7	.79	5,	421	D			
				05/17	7/2011	_			S		2,294	D	\$18	.51 <sup>(6)</sup>		127		D		
Common	Stock, No								<u> </u>	<u> </u>			<u>.</u>		<u> </u>	3(1)	<u></u>	D		
			iabie II -								osea of, converti				wnea					
Derivative Security (Instr. 3) Price of Derivative (Instr. 3) Price of Derivative Execution (Month/Day/Year) Execution (Month/Day/Year) Execution (Month/Day/Year) Execution (Month/Day/Year)		3A. Deem Executior if any (Month/Da	n Date,		ransaction ode (Instr. S A (// D o (I		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amou or Numb of Share	er						
qualified stock options (right to	\$7.79	05/17/2011			М			3,463	02/06/200	)4 <sup>(2)</sup>	02/06/2013	Common Stock	3,46	3	\$0	18,758	8	D		
qualified stock options (right to	\$17.34								12/13/200	)4 <sup>(3)</sup>	12/13/2013	Common Stock	8,75	0		8,750	)	D		
qualified stock options (right to	\$11.05								06/10/20	004	06/10/2014	Common Stock	3,75	00		3,750	)	D		
Non- qualified stock options (right to buy)	\$12.02								12/18/20	004	12/18/2014	Common Stock	12,5	00		12,500	0	D		
Non- qualified stock options (right to buy)	\$9.71								12/28/20	005	12/28/2015	Common Stock	12,5	00		12,500	0	D		
Non- qualified stock options (right to	\$9.7								06/27/200	)8 <sup>(4)</sup>	06/27/2014	Common Stock	12,5	00		12,500	0	D		

	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 Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deri Sec Acq (A) ( Disp of (I	osed D) tr. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye	e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- qualified stock options (right to buy)	\$11.53							05/21/2009 <sup>(5)</sup>	05/21/2015	Common Stock	25,000		25,000	D	

## **Explanation of Responses:**

- 1. Acquired under the Employee Stock Purchase Plan of 12/31/05.
- 2. Become exercisable in equal annual installments of 20% commencing 02/06/04.
- 3. Become exercisable in equal annual installments of 20% commencing 12/13/04.
- 4. Become exercisable in equal annual installments of 20% commencing 06/27/08. 5. Become exercisable in equal annual installments of 20% commencing 05/21/09.
- 6. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.50 to \$18.53, inclusive. 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.

Gregory L. Barnett, Attorney-05/19/2011 in-Fact

\*\* 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.