FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

	Check this box if no longer subject to
a	Section 16. Form 4 or Form 5
	obligations may continue. See
	Implementing 1/h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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SIAIEMENI	OF CHANGES I	N DENEFICIAL	OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	Name and Address of Reporting Person* Millner F. Ann				$\begin{bmatrix} M \end{bmatrix}$	2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI] 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024								eck all applic Directo	tionship of Reporting all applicable) Director		10% Own	
(Last) 1600 WI	st) (First) (Middle) 00 WEST MERIT PARKWAY				below)									(give title		Other (s below)	pecity	
Street) SOUTH JORDAN UT 84095				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)	on-Der	ivativ	e Se	curi	ties A	-auire	ı Di	snosed o	f or Re	neficiall	v Owned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				action	ion 2A. Deemed Execution Date,		Code (Instr.		(A) or	5. Amou Securitie Benefici	unt of 6. Consider (D) (D) (I) (I) (I)		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price	Transac	nsaction(s) etr. 3 and 4)			(111301. 4)		
Common Stock, No Par Value 11/15/20					5/2024	2024				M ⁽¹⁾	12,500	Α	\$50.5	44,891		D		
Common Stock, No Par Value 11/15/20				5/2024	.024		S ⁽¹⁾		12,500	D	\$101.55	32,391		D				
			Table II								posed of, convertib			Owned				
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/D	Date, Transa			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			of Secur Underlyi	ng re Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
Non-					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

\$50.5

\$52.17

\$52.17

qualified

stock

options right to buy) Nonqualified

options

(right to buy) Nonqualified stock

options (right to buy)

1. The option exercise and sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 7, 2023.

M⁽¹⁾

2. The price reported in Column 4 of Table 1 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$100.78 to \$101.97, 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.

 $06/07/2019^{(3)}$

05/24/2020(4)

05/31/2020⁽⁵⁾

06/07/2025

05/24/2026

05/31/2026

12,500

3. Becomes exercisable in equal annual installments of 20% commencing 06/07/2019.

11/15/2024

- 4. Becomes exercisable in equal annual installments of 33% commencing 05/24/2020.
- 5. Becomes exercisable in equal annual installments of 33% commencing 05/31/2020.

/s/ Brian G. Lloyd, Attorney-in-11/18/2024 **Fact**

12,500

13,750

7,500

Stock

Stock

Commor

\$<mark>0</mark>

0

13,750

7,500

D

D

D

** 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.