FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	ES IN BENEF	ICIAL OW	NERSHIP

OMB APPROVAL										

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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

					. 0	r Sect	ion 30(h)	of the	Ínvestmen	t Cor	npany Act o	of 1940							
1. Name and Address of Reporting Person* Frost Ronald				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															
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2018									X Officer (give title Other (specify below) Chief Operating Officer						
(Street) SOUTH JORDAL	N U	Т	84095		4. If Amendment, Date			e of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					n	
(City)	(S	itate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
, (Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Disposed (Code (Instr. 5)		ties Acquired (A) of (D) (Instr. 3, 4		4 and Securitie		es Fo ally (D Following (I)		: Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	e	Transacti (Instr. 3 a	on(s)			` ′
Common Stock, No Par Value													16,159			I	By 401(k) plan ⁽¹⁾		
			Table II -						uired, D s, option						wned			·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transa Code (8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ivative (Month/Day/Year) urities quired or posed D) (Instr.				ies g Securi	Derivative Security				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	Amou or Numb of Share	er					
Non- qualified stock options (right to buy)	\$13.14								07/31/2014	(2)	07/31/2020	Common Stock	10,00	00		10,00	0	D	
Non- qualified stock options (right to buy)	\$12.06								10/04/2015	(3)	10/04/2021	Common Stock	25,00	00		25,00	0	D	
Non- qualified stock options (right to buy)	\$17.27								02/13/2016	(4)	02/13/2022	Common Stock	20,00	00		20,00	0	D	
Non- qualified stock options (right to buy)	\$16.05								01/28/2017	(5)	01/28/2023	Common Stock	20,00	00		20,00	0	D	
Non- qualified stock options (right to buy)	\$28.2								04/14/2018	(6)	04/14/2024	Common Stock	50,00	00		50,00	0	D	
Non- qualified stock options (right to	\$44.8	03/02/2018			A		40,000		03/02/2019	(7)	03/02/2025	Common Stock	40,00	00	\$0	40,00	0	D	

Explanation of Responses:

- 1. Represents plan holdings as of 03/02/2018.
- 2. Become exercisable in equal annual installments of 20% commencing 07/31/2014.
- 3. Become exercisable in equal annual installments of 20% commencing 10/04/2015.

- 4. Become exercisable in equal annual installments of 20% commencing 02/13/2016.
- 5. Become exercisable in equal annual installments of 20% commencing 01/28/2017.
- 6. Become exercisable in equal annual installments of 20% commencing 04/14/2018.
- 7. Become exercisable in equal annual installments of 20% commencing 03/02/2019.

Brian G. Lloyd, Attorney-in-

03/06/2018

** 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.