FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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).

STATEMENT OF CHANGES IN BENEFICIAL 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

							ou(ii) or the in						_					
1. Name and Address of Reporting Person* LAMPROPOULOS FRED P						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]								neck all a	oplicable) ector		Owner	
(Last) 1600 W I	`	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/13/2003									icer (give title ow) Preside	Other below ent, CEO	(specify /)	
(Street) SO JORDAN UT 84095					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(City)	(Sta	ate) (Z	<u>Z</u> ip)											Form filed by More than One Reporting Person				
		Tabl	e I - N	lon-Deriv	ative \$	Secu	ırities Acq	uired, I	Disp	osed of	f, or	Bene	ficia	Ily Owi	ned			
In the or county (means)				2. Transact Date (Month/Day		Execution Date,		3. Transact Code (In 8)	4. Securities Acquired (Disposed Of (D) (Instr. and 5)				or 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Rep	orted saction(s) r. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common Stock, no par value 11/13					11/13/2003			S		2,000		D	\$27	.7	717,508	D		
Common Stock, no par value 1				11/13/2	11/13/2003		S		100		D	\$27	.8	717,408	D			
Common Stock, no par value 08				08/08/1	988 08/08/1988		/08/1988	S		41,038		D	(1)		1,038(1)	I	by 401(k) Plan ⁽¹⁾	
		Та	ble II				ties Acqui warrants,							/ Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transac Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Ex Expiration (Month/D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)	Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

 $1. \ Represent \ plan \ holdings \ as \ of \ 08/23/03 \ per \ most \ recent \ plan \ statement \ timely \ distributed.$

Fred P. Lampropoulos 11/13/2003

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).