FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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(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

| 1. Name and Address of Reporting Person* BARNETT GREG L (Last) (First) (Middle) 1600 W. MERIT PARKWAY | | | | | | 2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI] 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2005 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (Che | Office below | or 1 | | 10% O Other (below) | wner specify |
|--|--|------------|-------|--|----------------------------------|---|--------|-----|--|-----|-----------------|---|------|---------------------|---|--|---------------------|---|--|
| (Street) SOUTH JORDAN | | | 34095 | | 12/30 | 12/30/2005 | | | | | | | Line | Form | n filed by One Reporting Persor n filed by More than One Repor on | | | | |
| (City) | (51 | | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | tion | Execution Date, | | | 3. Transact Code (In | ion | 4. Secu | rities Acquired (sed Of (D) (Instr. | | l (A) or | 5. Amo Securit Benefic Owned Follow Report Transa | ount of 6. ties Fo (D) Incoming (Incoming ted action(s) | | n: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | | 4. Transact Code (In 8) | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | B. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | or | ount nber res | | | | | |
| Non- qualified stock options (right to buy) | \$12.14 | 12/28/2005 | | | A | | 10,000 | | 12/28/2005 | 12 | /28/2015 | Common Stock | 10, | 000 | \$12.14 | 10,000 ⁽¹ |) | D | |

Explanation of Responses:

 $1. \ Reporting \ owner \ owns \ no \ other \ derivative \ securities \ containing \ identical \ terms \ to \ those \ in \ this \ reported \ transaction$

<u>Greg Barnett</u> <u>12/30/2005</u>

** 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.