FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  STANGER KENT W						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title Other (specify)					ier
(Last) (First) (Middle) 1600 W MERIT PARKWAY						Date o		iest Trar	nsaction	(Mont	h/Day/Year)		below)		ie	belo		еспу	
(Street) SOUTH JORDAN UT 84095					4.1	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 Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)											r eisui					
1 Title of	Socurity (Inc		ble I - N	lon-Deri		_			cquire	ed, D	4. Securities			ly Owned		6. Own	ershin	7 Na	ature of
1. Title of Security (Instr. 3)			Date (Month/Day/Year)		Execution Da		Date,	Transa Code ( 8)		Disposed Of	f (D) (Instr. 3, 4 and 5				Form: [	Direct Indirect	Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transactio	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock, No	Par Value												42,2	77	]	ſ	By 4	401(k) n <sup>(1)</sup>
Common	Stock, No	Par Value											4,27	1 <sup>(2)</sup>	Ι	)			
Common	Stock, No	Par Value												29,5	24	1	Family Limited Liability Company <sup>(3)</sup>		nited pility
Common Stock, No Par Value				11/29/2017				М		2,218	A	\$13.75	413,7	'52	2 D				
Common Stock, No Par Value				11/29/2017				S	Ш	2,218	D	\$44.57(4)	411,5	34	D				
Common Stock, No Par Value				11/30/2017				M		700	A	\$13.75	412,2			D			
Common Stock, No Par Value			11/30/2017					S		700	D	\$44.5	411,5	34	D				
			Table I											Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	4. Transa Code ( 8)		of Deri Sec Acq (A) o Disp of (I	oosed D) tr. 3, 4	M 700 A \$13.75 412,234  S 700 D \$44.5 411,534  Cquired, Disposed of, or Beneficially Owned ats, options, convertible securities)  6. Date Exercisable and Expiration Date  7. Title and Amount of Securities  Price of Derivative derivative derivative		ive ties cially ing ed ction(s)	e Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code		(A)	(D)				Title	or Number of						
Non- qualified stock options (right to buy)	\$13.75	11/29/2017			M			2,218	08/11/2	012 <sup>(5)</sup>	08/11/2018	Common Stock	2,218	\$0	51,	782	D		
Non- qualified stock options (right to buy)	\$13.75	11/30/2017			M			700	08/11/2	012 <sup>(5)</sup>	08/11/2018	Common Stock	700	\$0	51,	082	D		
Non- qualified stock options (right to buy)	\$12.06								10/04/2	015 <sup>(6)</sup>	10/04/2021	Common Stock	2,000		2,0	000	D		
Non- qualified stock options (right to buy)	\$19.72								05/02/2	.017 <sup>(7)</sup>	05/02/2023	Common Stock	9,375		9,3	375	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. Transaction Code (Instr. 8)		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)		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)	\$18.8							05/26/2017 <sup>(8)</sup>	05/26/2023	Common Stock	25,000		25,000	D	
Non- qualified stock options (right to buy)	\$34.4							05/24/2018 <sup>(9)</sup>	05/24/2024	Common Stock	25,000		25,000	D	

## **Explanation of Responses:**

- 1. Represents plan holdings as of 11/30/2017.
- 2. Employee stock purchase plan holdings as of 11/30/2017.
- 3. This report shall not be deemed an admission that the reporting person is the beneficial owner of the securities held by K.W.S. Properties LC.
- 4. 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 \$44.50 to \$44.70, 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.
- $5.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ on\ 08/11/2012.$
- 6. Becomes exercisable in equal annual installments of 20% commencing on 10/04/2015.
- 7. Becomes exercisable in equal annual installments of 20% commencing on 05/02/2017.
- 8. Becomes exercisable in equal annual installments of 20% commencing on 05/26/2017.
- 9. Becomes exercisable in equal annual installments of 20% commencing on 05/24/2018.

Brian G. Lloyd, Attorney-in-

Fact

12/01/2017

\*\* 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.