FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated averag	e burden							
hours per respons	se: 0.5							

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

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1. Name and Address of Reporting Person* Peterson Neil						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 Officer (give title Other (specify					
(Last) (First) (Middle) 1600 W MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2022											X Officer (give title Officer (specify below) below) CHIEF OPERATING OFFICER					
(Street) SOUTH JORDA	N U	Т	84095		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indivine)	pplicable on orting						
(City)	(S	tate)	(Zip)														Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
D			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		(A) or 3, 4 ar	nd	Securitie Beneficia	neficially vned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Cod	ie V	·	Amount	(A) or (D)		Price		Transaction(s) (Instr. 3 and 4)				(mati. 4)	
Common Stock				08/0	/01/2022				М			4,000) A :		\$16	.05	5 4,000		D			
Common Stock 08/4			08/0	01/202	22			S			4,000		D	\$58.	1(1)		0		D			
		•	Table II -									sed of, onvertil					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 I if any (Month/Day	Date,	4. Transa Code (8)		of Der Sec Acq (A) Disj	oosed D) tr. 3, 4	6. Date Expirati (Month/	on Da	Year) Underlying Derivative (Instr. 3 and				ecurity	D S	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Securities Beneficio Owned Followin Reporte Transac (Instr. 4)		re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able		kpiration ate	or Nur on of		Numbe	r						
Non- qualified stock options (right to buy)	\$16.05	08/01/2022			M			4,000	01/28/20)17 ⁽²⁾	0	1/28/2023	Com Sto	imon ock	4,000		\$0	0		D		
Non- qualified stock options (right to buy)	\$28.2								04/14/20)18 ⁽³⁾	04	1/14/2024		nmon ock	16,00	0		16,000	0	D		
Non- qualified stock options (right to buy)	\$44.8								03/02/20)19 ⁽⁴⁾	03	3/02/2025		nmon ock	15,00	0		15,000)	D		
Non- qualified stock options (right to buy)	\$54.4								04/25/20)20 ⁽⁵⁾	04	1/25/2026		imon ock	20,00	0		20,000)	D		
Non- qualified stock options (right to	\$68.33								08/19/20)22 ⁽⁶⁾	08	8/19/2028		imon ock	25,00	0		25,000	0	D		

Explanation of Responses:

- 1. 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 \$57.64 to \$60.99, inclusive. The Reporting Person undertakes to provide to 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.
- 2. Became exercisable in equal annual installments of 20% commencing 1/28/2017.
- 3. Became exercisable in equal annual installments of 20% commencing 4/14/2018.
- $4. \ Became \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ 3/2/2019.$
- 5. Became exercisable in equal annual installments of 20% commencing 4/25/2020.
- 6. Became exercisable in equal annual installments of 25% commencing 8/19/2022.

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.