## FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$\Gamma$	20E40	
Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number: 3235-028						
Estimated average burden						
hours per response: 0.5						

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
or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Gunderson Thomas James														ck all appli	tionship of Reporting all applicable) Director		rson(s) to Is:		
(Last) 1600 WI	,	irst) Γ PARKWAY	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023									Officer below)	(give title		Other (s below)	specify
(Street) SOUTH JORDAN UT 84095				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	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	tate)	(Zip)			Chec	ck this b	b5-1(c) Transaction Indication s box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to e affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							ed to				
		Tab	le I - Nor	า-Deriv	ative S	Sec	curiti	es A	cquired, [	Disp	osed c	of, or	Bene	ficially	y Owne	d			
		2. Trans Date (Month/I	action Day/Year)	E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (In	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	_	(A) or (D) Price		Transac	Reported ransaction(s) Instr. 3 and 4)			(Instr. 4)
Common	Stock, No	Par Value		05/18	3/2023				A		2,262	52 <sup>(1)</sup> A \$0			12,414			D	
		Т							quired, Di						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transact Code (In: 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr	vative crities cired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and	d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	B. Price of Derivative Security (Instr. 5)		i ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration ate	Title	or Nu of	ımber					
Non- qualified stock options (right to buy)	\$34.4								05/24/2018 <sup>(2)</sup>	05	/24/2024	Comm		5,000		25,000	)	D	
Non- qualified stock options (right to buy)	\$50.5								06/07/2019 <sup>(3)</sup>	06	/07/2025	Comm Stock		5,000		25,000	)	D	
Non- qualified stock options (right to buy)	\$52.17								05/24/2020 <sup>(4)</sup>	05	/24/2026	Comm Stock		3,750		13,750	)	D	
Non- qualified stock options (right to	\$52.17								05/31/2020 <sup>(5)</sup>	05	/31/2026	Comm		,500		7,500		D	

## **Explanation of Responses:**

- 1. The reported transaction involved the reporting person's receipt of a grant of 2,262 restricted stock units (RSUs) under the Merit Medical Systems, Inc. 2018 Long-Term Incentive Plan. The RSUs vest on May 18, 2024. Vesting of the RSUs is subject to continued service to the issuer through the vesting date.
- 2. Becomes exercisable in equal annual installments of 20% commencing 05/24/2018.
- 3. Becomes exercisable in equal annual installments of 20% commencing 06/07/2019.
- 4. Becomes exercisable in equal annual installments of 33% commencing 05/24/2020.
- $5. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 33\% \ commencing \ 05/31/2020.$

/s/ Brian G. Lloyd, Attorney-

05/22/2023

\*\* 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.