FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
•			• • • • • • • • • • • • • • • • • • • •

OMB APPROVAL

OMB Number: 3235-028

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

					0	Sect	1011 30(11)	or the	nvestmen	Con	npany Act t	1940							
1. Name and Address of Reporting Person* BARNETT GREG L				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 V Officer (give title Other (specify							
(Last) 1600 W.	(F MERIT PA	,	(Middle)			Date of Earliest Transaction (Month/Day/Year) 2/18/2004								X Unicer (give title Uniter (specify below) Chief Accounting Officer					
(Street) SOUTH JORDAI	N U	T	84095		4. If Amendmen			dment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicatine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					ı
(City)	(5	State)	(Zip)												reison				
		Tal	ble I - Nor	n-Deri	vativ	re Se	curitie	s Ad	cquired,	Dis	posed of	f, or Ber	nefic	ially	Owned				
[Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I							Form (D) o		: Direct r Indirect str. 4)	7. Nature of ndirect Beneficial Ownership (Instr. 4)		
							Code	V	Amount	(A) or (D)		се	Transaction(s) (Instr. 3 and 4)						
Common Stock, No Par Value												4,9	922			401 (k) plan ⁽¹⁾			
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 (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year)			Date,		ransaction of Ex Code (Instr. Derivative (N		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			3. 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	Amo or Num of Shar	ber					
Non- qualified stock options (right to buy)	\$2.07								02/12/2002	(2)	02/12/2011	Common Stock	16,6	668		16,66	i8	D	
Non- qualified stock options (right to buy)	\$7.61								12/08/2002	(3)	12/07/2011	Common Stock	17,7	779		17,779		D	
Non- qualified stock options (right to buy)	\$9.74								02/06/2004	(4)	02/06/2013	Common Stock	17,7	777		17,77	7	D	
Non- qualified stock options (right to buy)	\$21.67								12/13/2004	(5)	12/13/2013	Common Stock	7,0	00		7,000	0	D	
Non- qualified stock options (right to	\$13.81								12/10/2004	4	06/10/2014	Common Stock	3,0	00		3,000	0	D	

10,000

12/18/2004

Α

Common

12/18/2014

10,000

\$15.03

10,000

D

Explanation of Responses:

\$15.03

Nonqualified

stock

options (right to buy)

- 1. Represent plan holdings as of 06/10/04 based upon most recent plan statement timely distributed
- 2. Becomes exercisable in equal installments of 20% commencing 02/12/02

12/18/2004

- 3. Becomes exercisable in equal installments of 20% commencing 12/08/02
- 4. Becomes exercisable in equal installments of 20% commencing 02/06/04

Greg Barnett

12/18/2004

** 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.