FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL											

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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

					or	Section	on 30(h)	of the	Ínvestment C	ompany Act	of 1940							
1. Name and Address of Reporting Person* <u>Lampropoulos Justin J.</u>				2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]							SI (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify)						
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019								X Officer (give title Other (specify below) EVP GLOBAL SALES, MKTG & STGY				
(Street) SOUTH JORDAN UT 84095			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)															
4 Tin	0					_			quired, Di	-			y Owned			nership	7. Nature of	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date		e, Transaction Code (Instr. 3, 4 5)			4 and Securities Beneficially Owned Following Reported Transport			i: Direct r Indirect str. 4) Indirect Beneficial Ownershi (Instr. 4)							
			Table II F	\orivet	ii ro G	500	urition	Λος	Code V	Amount	(A) or (D)	Price	(Instr. 3 a					
									uired, Disp s, options,				Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	ate Execution D		Code (Instr.				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)	
												Amount	1					
				Co	ode \	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares						
Non- qualified stock options (right to buy)	\$13.14								07/31/2014 ⁽¹⁾	07/31/2020	Common Stock	8,000		8,000		D		
Non- qualified stock options (right to buy)	\$12.06								10/04/2015 ⁽²⁾	10/04/2021	Common Stock	5,000		5,000		D		
Non- qualified stock options (right to buy)	\$17.27								02/13/2016 ⁽³⁾	02/13/2022	Common Stock	20,000		20,000		D		
Non- qualified stock options (right to buy)	\$16.05								01/28/2017 ⁽⁴⁾	01/28/2023	Common Stock	20,000		20,000		D		
Non- qualified stock options (right to buy)	\$28.2								04/14/2018 ⁽⁵⁾	04/14/2024	Common Stock	25,000		25,000		D		
Non- qualified stock options (right to buy)	\$44.8								03/02/2019 ⁽⁶⁾	03/02/2025	Common Stock	20,000		20,000		D		
Non- qualified stock options (right to	\$55.73	03/01/2019			A		30,000		03/01/2020 ⁽⁷⁾	03/01/2026	Common Stock	30,000	\$0	30,000		D		

Explanation of Responses:

- $1.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ on\ 07/31/2014.$
- $2.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ on\ 10/04/2015.$

- 3. Becomes exercisable in equal annual installments of 20% commencing on 02/13/2016.
- 4. Becomes exercisable in equal annual installments of 20% commencing on 01/28/2017.
- 5. Becomes exercisable in equal annual installments of 20% commencing on 04/14/2018.
- 6. Becomes exercisable in equal annual installments of 20% commencing on 03/02/2019.
- 7. Becomes exercisable in equal annual installments of 20% commencing on 03/01/2020.

Remarks:

Brian G. Lloyd, Attorney-in-Fact 03/05/2019

** 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.