## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <sup>*</sup> FERRAND BRIAN L (Last) (First) (Middle) 1600 W MERIT PARKWAY					ME MM 3. Dat	2. Issuer Name and Ticker or Trading Symbol     MERIT MEDICAL SYSTEMS INC [     MMSI ]     3. Date of Earliest Transaction (Month/Day/Year)     03/12/2004									Relationship of Reporting Person(s) to Issu neck all applicable) Director 10% Own X Officer (give title Other (spe below) below) Director of Sales			Owner (specify	
(Street) SOUTH JORDAN UT 84095 (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execuif any	Deemed ution Date, / th/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)			(A) or 5. 3, 4 Se Ov		Amount of ecurities eneficially wned ollowing		nership Direct ct (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D	) or )	Price		Reported Transaction(s) (Instr. 3 and 4)				(
Common stock no par value 03/12/20					004	04		s		6,657		D	\$22.			3,870		Ι	by 401(k) Plan
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)	ivative Conversion Date Execu urity or Exercise (Month/Day/Year) if any			eemed tion Date, h/Day/Year)	4. Transad Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisa Expiration Date (Month/Day/Year		te	Amou Secur Unde Deriv Secur	7. Title and Amount of Securities Jnderlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Din or (I) 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)	Date Exercisa		Expiration Date	Title	or Nu of	iount mber ares						

Explanation of Responses:

## Greg Barnett by Power of

attorney

04/12/2004

\*\* 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.