## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OWNERSHIP** 

Washington,	D.C.	20549

<b>ANNUAL STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL

OMB APPR	OVAL							
OMB Number: 3235-03								
Estimated average burden								
hours per response:	1.0							

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported.

Filed pursuant to Section 16(a) of the Secu

Form 4	Transactions F	eported.	File				e Securities Excha ment Company A								
1. Name an WEINT	2. Issuer Name and Ticker or Trading Symbol  MERIT MEDICAL SYSTEMS INC  MMSI   ]						. Relationshi Check all app Direct X Office belov	olicable) etor er (give title	1 C	to Issuer  % Owner ther (specify elow)					
(Last) 1600 W I	(Fir MERIT PAF	*	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005						COO				
(Street) SOUTH JORDAN (City)	4. If Amend	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person							
	(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3)  2. Transaction Date			2A. Deemed Execution Da if any (Month/Day/Y	Code	saction (Instr.				5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership			
				(Monthibayi)	ear)   6)		Amount	(A) or (D)	Price	Issuer's		Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Stock, No F	ar Value								1,	392	D			
Common							1,5	55(1)	D						
Common Stock, NO Par Value										6,7	'89 <sup>(2)</sup>	I	by 401(k) plan		
		Та	able II - Derivat (e.g., p				, Disposed of ons, convert			y Owned					
1. Title of Derivative	2. Conversion	3. Transaction	3A. Deemed Execution Date.	4. Transaction						8. Price of Derivative			11. Nature		

Security (Instr. 3)	or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ice of erivative	if any (Month/Day/Year)	Code (Instr. 8)			(Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
	(A) (E	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares								

## Explanation of Responses:

- 1. Employee stock purchase plan as of 12-31-05.
- $2. \ Represents \ plan \ holdings \ as \ of \ 12/31/05 \ based \ upon \ most \ recent \ plan \ statement \ timely \ distributed.$

B leigh Weintraub

02/09/2006

\*\* Signature of Reporting Person

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- \* 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.