FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* Ward Lynne						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>vvard Lymic</u>					- 11	11									2	X Direct	or		10% Ov	vner	
(Last)	(Fi	(First) (Middle)					,									Office below	(give title		Other (specify below)		
1600 WEST MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year)															
1000 WEST WERT THICKWIT							06/17/2021														
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) SOUTH						, =									Line	Line)					
JORDAN	J U	Γ	84095													X Form	filed by One Reporting Person			n	
JORDAN					.											Form filed by More than One Reporting Person					
(City)	(St	tate)	(Zip)													F 6130					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac					action	Execution Date,				3. 4. Securities A						5. Amou				7. Nature	
Date (Month/Da					Day/Ye					e, Transaction Code (Instr.					3, 4 and	Securiti Benefic	ally (D) ollowing (I) (of Indirect Beneficial	
(-					ear) 8)						Owned Reporte				Ownership (Instr. 4)	
										Code	v	Amount	mount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(111301.4)	
Common Stock, No Par Value 06/17/						/2021				A		2,914		A	\$ <mark>0</mark>	7,1	7,102(1)		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
											14 Natura										
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/Day	Date,	4. Transa Code (I B)				6. Date Exercisat Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
		Code			v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	OI No Of	umber							
Non- qualified stock options (right to buy)	\$34.46								08/2	28/2020 ⁽²⁾	0	8/28/2026	Commo Stock		2,300		22,30	0	D		

Explanation of Responses:

- 1. The reported transaction involved the reporting person's receipt of a grant of 2,914 restricted stock units under the Merit Medical System, Inc. 2018 Long-Term Incentive Plan. The reporting person has reported prior awards of restricted stock units in Table II of Form 4. The total reported in Column 5 of Table I includes the 2,914 newly awarded restricted stock units that vest on June 17, 2022 and 4,188 previously reported time-vesting restricted stock units that vest on June 22, 2021. Vesting of restricted stock units is subject to continued service to the issuer through the vesting date.
- $2.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 33\%\ commencing\ 08/28/2020.$

/s/ Brian G. Lloyd, Attorneyin-Fact

06/21/2021

** 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.