## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID APPROVAL								
OMB Number:	3235-0287							
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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

					. 0	r Sect	ion 30(h)	of the	Ínvestmen	t Con	npany Act o	of 1940							
1. Name and Address of Reporting Person*  Frost Ronald						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) (First) (Middle) 1600 WEST MERIT PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019								X Officer (give title Other (specify below)  Chief Operating Officer						
(Street) SOUTH JORDAI			84095		4.	If Ame	Date	e of Original Filed (Month/Day/Year)					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)																
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month)				nsactio			ned n Date	3. 4. Securitie Disposed ( Code (Instr. 5)		of, or Benefic ties Acquired (A) d Of (D) (Instr. 3, 4		) or 5. Amount of		Form: Direct (D) or Indirect	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, No Par Value												1	16,274		I	By 401(k) plan <sup>(1)</sup>			
			Table II -						uired, D s, option										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transa Code ( 8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ive ies ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and At of Securities Underlying Derivative Set (Instr. 3 and 4			ies g Securit	Derivativ Security	e derivativ Securitie Benefici Owned Followin Reporte Transaci	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amour or Number of Shares	er					
Non- qualified stock options (right to buy)	\$12.06								10/04/2015	(2)	10/04/2021	Common Stock	25,00	0	25,0	00	D		
Non- qualified stock options (right to buy)	\$17.27								02/13/2016	(3)	02/13/2022	Common Stock	20,00	0	20,0	00	D		
Non- qualified stock options (right to buy)	\$16.05								01/28/2017	(4)	01/28/2023	Common Stock	20,00	0	20,0	00	D		
Non- qualified stock options (right to buy)	\$28.2								04/14/2018	(5)	04/14/2024	Common Stock	50,00	0	50,0	00	D		
Non- qualified stock options (right to buy)	\$44.8								03/02/2019	(6)	03/02/2025	Common Stock	40,00	0	40,0	00	D		
Non- qualified stock options (right to	\$55.73	03/01/2019			A		30,000		03/01/2020	(7)	03/01/2026	Common Stock	30,00	\$0	30,0	00	D		

## **Explanation of Responses:**

- 1. Represents plan holdings as of 03/01/2019.
- 2. Become exercisable in equal annual installments of 20% commencing 10/04/2015.
- 3. Become exercisable in equal annual installments of 20% commencing 02/13/2016.

- 4. Become exercisable in equal annual installments of 20% commencing 01/28/2017.
- $5.\ Become\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ 04/14/2018.$
- 6. Becomes exercisable in equal annual installments of 20% commencing 03/02/2019.
- 7. Becomes exercisable in equal annual installments of 20% commencing 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.

- $^{\star}$  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.