

**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

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* <u>Lloyd Brian G.</u> _____ (Last) (First) (Middle) <u>1600 WEST MERIT PARKWAY</u> _____ (Street) <u>SOUTH JORDAN UT 84095</u> _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC [ MMSI ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <b>CHIEF LEGAL OFFICER, SECRETARY</b>
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/05/2026</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, No Par Value								2,000	I	By 401(k) plan
Common Stock, No Par Value	06/05/2026		G		2,000	D	\$0 <sup>(1)</sup>	60,132	D	

**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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Non-qualified stock options (right to buy)	\$37.71							02/26/2021 <sup>(2)</sup>	02/26/2027	Common Stock	16,722	16,722	D	
Non-qualified stock options (right to buy)	\$56.25							03/19/2022 <sup>(3)</sup>	03/19/2028	Common Stock	9,681	9,681	D	
Non-qualified stock options (right to buy)	\$65.03							02/28/2023 <sup>(4)</sup>	02/28/2029	Common Stock	8,094	8,094	D	
Non-qualified stock options (right to buy)	\$70.58							02/28/2024 <sup>(5)</sup>	02/28/2030	Common Stock	13,576	13,576	D	

**Explanation of Responses:**

- Represents a bona fide charitable gift of shares. No consideration was received for the transaction
- Become exercisable in equal annual installments of 25% commencing on 02/26/2021.
- Become exercisable in equal annual installments of 25% commencing on 03/19/2022.
- Becomes exercisable in equal annual installments of 25% commencing 02/28/2023.
- Become exercisable in equal annual installments of 25% commencing on 02/28/2024.

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.**