SEC Form 5 FORM 5

UNITED STATES	SECURITIES	AND EXCHANGE	COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response: 1.0

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
\square	Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 4	4 Transactions	Reported.	Fil	ed pursuant t or Sectio							f 1934						
1. Name and Address of Reporting Person* Lloyd Brian G.			or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC</u> [MMSI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) 1600 WI		irst) Γ PARKWAY	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022						X below) CHIEF LEGAL OFFICER, SECRETARY							
(Street) SOUTH JORDAN (City)	N U		84095 (Zip)	4. If Ame	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 							
	(5	,	le I - Non-Deri	vative Sec	curiti	ios A		ad D	isnosod	of or F	Ronofi	ciall		4			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deeme Execution I if any	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			-		t of 6. Owner ly Form:		ship I Direct E	7. Nature of ndirect Beneficial Dwnership		
				(Wonthin Day	(Month/Day/Year)		8)		unt	(A) or (D)	Price		Issuer's F Year (Inst 4)	scal Indired		ct (I) (Instr. 4)
Common	Stock, No	Par Value	08/24/2022				G	1	,700	D	\$ <mark>0</mark>		10,294		D		
		1	able II - Deriva (e.g.,	ative Secu puts, calls									Owned				
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)	of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	Expiration Date Amou (Month/Day/Year) Secur Under Deriva		Amoun Securit Underly Derivat	. Title and mount of iecurities Inderlying berivative Security instr. 3 and 4)		Followi		tive Owner ties Form: cially Direct I or Indi ing (I) (Ins ed ction(s)		Beneficial Ownership ct (Instr. 4)	
					(A)	(D)				Title	Amo or Num of Shar	iber					
Non- qualified stock options (right to buy)	\$44.8						03/02/2	2019 ⁽¹⁾	03/02/2025	Commo Stock		000		25,0	000 E		
Non- qualified stock options (right to buy)	\$55.73						03/01/2	2020 ⁽²⁾ 03/01/2026		Commo Stock	on 30,0	000	30,		30,000 D		
Non- qualified stock options (right to buy)	\$37.71						02/26/2	2021 ⁽³⁾	02/26/2027	Commo Stock	^{on} 16,	722		16,7	22	D	
Non- qualified stock options (right to buy)	\$56.25						03/19/2	2022 ⁽⁴⁾	03/19/2028	Commo Stock	^{on} 9,6	81		9,68	81	D	
Non- qualified stock options (right to buy)	\$65.03						02/28/2	2023 ⁽⁵⁾	02/28/2029	Commo Stock	^{on} 8,0	94		8,09	94	D	

Explanation of Responses:

1. Become exercisable in equal annual installments of 20% commencing on 03/02/2019.

2. Become exercisable in equal annual installments of 20% commencing on 03/01/2020.

3. Become exercisable in equal annual installments of 25% commencing on 02/26/2021.

4. Become exercisable in equal annual installments of 25% commencing on 03/19/2022.

5. Becomes exercisable in equal annual installments of 25% commencing 02/28/2023.

/s/ Brian G. Lloyd

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).

** Signature of Reporting Person

02/08/2023

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.