## SEC Form 4

Π

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

### 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 OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

BARNETT (			2. Issuer Name <b>and</b> 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 title below)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Controller				
1600 W. MERIT PARKWAY			11/25/2003					
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
SOUTH JORDAN	UT	84095		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 (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock, no par value	11/24/2003	11/24/2003	М		3,333	A	\$10.14	3,333	D		
Common Stock, no par value	11/24/2003	11/24/2003	S		3,333	D	\$10.14	0	D		
Common Stock, no par value	08/08/1988	08/08/1988	М		3,692	A	(1)	<b>3,692</b> <sup>(1)</sup>	I	by 401(k) Plan <sup>(1)</sup>	

### 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. 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 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	Title	Amount or Number of Shares				
Non- qualified Stock Options (right to buy)	\$2.76	08/08/1988	08/08/1988	М		12,501		02/12/2002 <sup>(2)</sup>	02/12/2011	Common Stock	12,501	\$2.76	12,501	D	
Non- qualified Stock Options (right to buy)	\$10.14	11/24/2003	11/24/2003	М		3,333		12/08/2002 <sup>(3)</sup>	12/07/2011	Common Stock	3,333	\$10.14	13,334	D	
Non- qualified Stock Options (right to buy)	\$12.99	08/08/1988	08/08/1988	М		13,333		02/06/2004 <sup>(4)</sup>	02/06/2013	Common Stock	13,333	\$12.99	13,333	D	

Explanation of Responses:

1. Represent plan holdings as of 12/31/02 per most recent plan statement timely distributed

2. Become exercisable in equal installments of 20% commencing 02/12/02

3. Become exercisable in equal installments of 20% commencing 12/08/02

4. Become exercisable in equal installments of 20% commencing 02/06/04

#### <u>Greg Barnett</u>

\*\* Signature of Reporting Person

<u>11/26/2003</u> 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.