FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	ES IN BEN	EFICIAL O	DWNERSH	IΙΡ

	OMB APPF	ROVAL			
	OMB Number:	3235-0287			
OMB Number: 3235-02 Estimated average burden					
ı	hours per response.	0.5			

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

													-					
Name and Address of Reporting Person* Stephens Martin R				2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI Check all applicable) Director 10% Owner														
(1 1)		:4\	(Malali N		. [1									X Officer below)	(give title		Other (s below)	specify
(Last) (First) (Middle) 1600 W. MERIT PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 02/13/2015 Executive V.P. of Sales														
(Street)					4.	If Ame	endment,	Date	of Original	Filed	(Month/Day	//Year)		Individual or J	oint/Group	Filing	(Check App	licable
SOUTH	U	Т	84095										Lir	•	led by One	Reno	rting Persor	1
JORDAI	N	1	04033												•		One Repor	
(City)	(S	tate)	(Zip)		-									Persor	l			
		Tal	ole I - Nor	n-Deriv	vativ	e Se	curitie	s Ac	quired,	Dis	posed of	f, or Be	neficia	lly Owned				
1. Title of Security (Instr. 3) 2. Tra						action 2A. Deemed Execution Date if any (Month/Day/Ye		e, Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		d Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following		Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)		[(Instr. 4)
													+	<u> </u>				By
Common Stock, No Par Value												19	.174		I	401(k) Plan ⁽¹⁾		
			Table II -											y Owned				
1. Title of	2.	3. Transaction	3A. Deemed		วนเร, 4.	, can	_	_			onvertib			t 8. Price of	9. Numbe	r of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	Execution D if any (Month/Day)	ate, T	Transa	nsaction of E			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			ties ng e Security	Derivative Security	Derivative Security Securitie		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
													Amoun					
				C	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Numbe of Shares	r				
Non- qualified stock options (right to buy)	\$13.75								08/11/201	2 ⁽²⁾	08/11/2018	Common Stock	20,000)	20,00	0	D	
Non- qualified stock options (right to buy)	\$12.06								10/04/201	5 ⁽³⁾	10/04/2021	Common Stock	10,000)	10,00	0	D	

Explanation of Responses:

- 1. Represents plan holdings as of 02/17/2015.
- 2. Becomes exercisable in equal annual installments of 20% commencing 08/11/2012.
- 3. Becomes exercisable in equal annual installments of 20% commencing 10/04/2015.
- 4. Becomes exercisable in equal annual installments of 20% commencing 02/13/2016.

Rashelle Perry, Attorney-in-

02/18/2015

<u>Fact</u>

** 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.