FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPI	ROVAL
	OMB Number:	3235-0287
l	Estimated average b	urden

0.5

hours per response:

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

1. Name and Address of Reporting Person* <u>Frost Ronald</u>					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																
					- 1	1										X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2016 Chief Operating Officer															
(Street)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable													olicable			
SOUTH	N U	Т	84095											Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	State)	(Zip)												Person						
		Tal	ble I - Nor	n-Deri	vativ	e Se	ecuri	ties A	quire	d, Di	isp	osed of	f, or Be	nefic	ially	Owned					
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr. 3, 4				s ally ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Cod	e V		Amount	(A) or (D)	Pric	ce	Transact (Instr. 3 a	ion(s)				
Common Stock, No Par Value																16,053			I	By 401(k) plan ⁽¹⁾	
Common	Stock, No	Par Value]	12/0	9/201	/2016			М			15,000	0 A :		3.75	15,000		00 D]	
Common Stock, No Par Value 12/09/				9/201	/2016		S			15,000	D	\$2	26.25	0		D					
			Table II -	Deriva (e.g., ¡	ative puts,	Sec , cal	uriti Is, w	es Acc	uired s, opti	Dis ons,	po co	sed of, onvertib	or Bene le secu	eficia ritie:	ally O s)	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date,		nsaction of Ex			6. Date Expirat (Month	ion Da				ties Ig e Secu	[8. Price of Derivative Gecurity 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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able		xpiration late	Title	Amo or Num of Shar	ber						
Non- qualified stock options (right to buy)	\$13.75	12/09/2016			M			15,000	08/11/2	012 ⁽²⁾	0	8/11/2018	Common Stock	15,0	000	\$0	0		D		
Non- qualified stock options (right to buy)	\$13.14								07/31/2	014 ⁽³⁾	0'	7/31/2020	Common Stock	10,0	000		10,000		D		
Non- qualified stock options (right to buy)	\$12.06								10/04/2	015 ⁽⁴⁾	1	0/04/2021	Common Stock	25,0	000		25,00	0	D		
Non- qualified stock options (right to buy)	\$17.27								02/13/2	016 ⁽⁵⁾	0	2/13/2022	Common Stock	20,0	000		20,00	0	D		
Non- qualified stock options (right to buy)	\$16.05								01/28/2	017 ⁽⁶⁾	0	1/28/2023	Common Stock	20,0	000		20,00	0	D		

Explanation of Responses:

- 1. Represents plan holdings as of 12/09/2016.
- $2. \ Become \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ 08/11/2012.$
- 3. Become exercisable in equal annual installments of 20% commencing 07/31/2014.
- 4. Become exercisable in equal annual installments of 20% commencing 10/04/2015.
- 5. Become exercisable in equal annual installments of 20% commencing 02/13/2016.

Ronald Frost

12/13/2016

** Signature of Reporting Person

Data

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.