FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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* Frost Ronald						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI										eck all appli Direct Office	ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify			
(Last) 1600 WI	,	irst) Γ PARKWAY	(Middle)				of Earli 2018	iest Tra	nsacti	ion (Mo	nth/C	ay/Year)		below	Chief Operating Officer					
(Street) SOUTH JORDAN UT 84095			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	E) X Form t Form t	vidual or Joint/Group Filing (Check Applic Form filed by One Reporting Person Form filed by More than One Reporting			n		
(City) (State) (Zip)														Perso	า					
			ole I - Noi			Se					Disp									
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		te,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									- 1	Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Common	Stock, No	Par Value														16	,239		I	By 401(k) plan ⁽¹⁾
Common	nmon Stock, No Par Value		11/16	16/2018					M		4,743	43 A		\$13.1	4 4,	4,743		D		
Common	Stock, No			11/16						S		4,743		D	\$61.		0		D	
		•	Table II -									sed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			Transaction Code (Instr.		n of Ex		Expi	6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exer	: cisable		xpiration ate	Titl		Amount or Number of Shares					
Non- qualified stock options (right to buy)	\$13.14	11/16/2018			М			4,743	07/3	1/2014 ⁽	2) 0	7/31/2020		mmon tock	4,743	\$0	0		D	
Non- qualified stock options (right to buy)	\$12.06								10/0	4/2015 ⁽	3) 1	0/04/2021		mmon tock	25,000		25,00	0	D	
Non- qualified stock options (right to buy)	\$17.27								02/1	3/2016 ⁽	4) 0	2/13/2022		mmon tock	20,000		20,00	0	D	
Non- qualified stock options (right to buy)	\$16.05								01/2	8/2017 ⁽	5) 0	1/28/2023		mmon tock	20,000		20,00	0	D	
Non- qualified stock options (right to buy)	\$28.2								04/1	4/2018 ⁽	6) 0	4/14/2024		mmon tock	50,000		50,00	0	D	
Non- qualified stock options	\$44.8								03/0	2/2019 ⁽	7) 0	3/02/2025		mmon tock	40,000		40,00	0	D	

Explanation of Responses:

- 1. Represents plan holdings as of 11/07/2018.
- 2. Became exercisable in equal annual installments of 20% commencing on 07/31/2014.
- 3. Become exercisable in equal annual installments of 20% commencing on 10/04/2015.
- 4. Become exercisable in equal annual installments of 20% commencing on 02/13/2016.
- 5. Become exercisable in equal annual installments of 20% commencing on 01/28/2017.
- 6. Become exercisable in equal annual installments of 20% commencing on 04/14/2018.
- 7. Becomes exercisable in equal annual installments of 20% commencing on 03/02/2019.

Remarks:

Brian G. Lloyd, Attorney-in-Fact

11/20/2018

** Signature of Reporting Person

Doto

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.