FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB	APP	۲O	V	٩L	
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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

					U	Ject	1011 30(11)	OI LITE	HIVESUITEII	CU	ilpaily Act	11340							
1. Name and Address of Reporting Person* <u>Lampropoulos Justin J.</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 Officer (give title Other (specify)						
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 01/28/2016								X Officer (give title Other (specify below) EXEC. V.P. MKTG & STRATEGY							
(Street) SOUTH UT 84095 JORDAN			4. 1	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							
(City)	(S	tate)	(Zip)												Person				
1 Tido of 6	Saarwiter (Inc.)		ble I - Non	1-Deriv		_	ecuritie 2A. Deem		cquired,	Dis	1			_	Owned 5. Amour	nt of	6 000	nership	7. Nature of
Date		Date	Day/Year) i		Execution Date, if any (Month/Day/Year)		Transac Code (I 8)	Transaction D Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		4 and Securitie Benefici Owned I Reporte		es Foi ially (D) Following (I) (: Direct 	ndirect Beneficial Ownership (Instr. 4)		
			Table II - I	Derivat	tive	Sec	urities	Δ.c.	Code	V — isn	Amount	(D)	File		(Instr. 3 a				
									s, option										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) 3. Number Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 7. Title an of Securit Underlyin Derivative (Instr. 3 and 5)		ties g e Securi		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)									
				С	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er					
Non- qualified stock options (right to buy)	\$13.75								08/11/2012	(1)	08/11/2018	Common Stock	14,0	00		14,000)	D	
Non- qualified stock options (right to buy)	\$13.14								07/31/2014	(2)	07/31/2020	Common Stock	8,00	00		8,000		D	
Non- qualified stock options (right to buy)	\$12.06								10/04/2015	(3)	10/04/2021	Common Stock	25,0	00		25,000)	D	
Non- qualified stock options (right to buy)	\$17.27								02/13/2016	(4)	02/13/2022	Common Stock	20,0	00		20,000)	D	
Non- qualified stock options (right to	\$16.05	01/28/2016			A		20,000		01/28/2017	(5)	01/28/2023	Common Stock	20,0	00	\$0	20,000)	D	

Explanation of Responses:

- 1. Becomes exercisable in equal annual installments of 20% commencing on 08/11/2012.
- $2. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ on \ 07/31/2014.$
- 3. Becomes exercisable in equal annual installments of 20% commencing on 10/04/2015.
- 4. Becomes exercisable in equal annual installments of 20% commencing on 02/13/2016.
- $5.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ on\ 01/28/2017.$

Justin J. Lampropoulos

02/01/2016

** 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.