SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this hav if no langer subject to
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									
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Millner F. Ann (Last) (First) (Middle)		on*	2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC</u> [MMSI		tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner		
		(Middlo)]		Officer (give title below)	Other (specify below)	
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/28/2017			,	
(Street) SOUTH JORDAN	UT	84095	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Rep		
(City)	(State)	(Zip)			Form filed by More that Person	n One Reporting	

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 (Instr. 4)		
			Code V		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)		
Common Stock, No Par Value	06/28/2017		М		4,247	A	\$21.98	4,247	D			
Common Stock, No Par Value	06/28/2017		М		5,000	A	\$18.8	9,247	D			
Common Stock, No Par Value	06/28/2017		S		6,744	D	\$38.152(1)	2,503	D			

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)		of Deri Sec Acq (A) (Disp of (I	oosed D) tr. 3, 4	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)	\$21.98	06/28/2017		М			4,247	07/16/2016 ⁽²⁾	07/16/2022	Common Stock	4,247	\$0	16,986	D	
Non- qualified stock options (right to buy)	\$18.8	06/28/2017		М			5,000	05/26/2017 ⁽³⁾	05/26/2023	Common Stock	5,000	\$0	20,000	D	
Non- qualified stock options (right to buy)	\$34.4							05/24/2018 ⁽⁴⁾	05/24/2024	Common Stock	25,000		25,000	D	

Explanation of Responses:

1. The price reported in Column 4 of Table 1 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$38.00 to 38.33, inclusive. The reporting person undertakes to provide to Merit Medical Systems, Inc., any security holder of Merit Medical Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

2. Becomes exercisable in equal annual installments of 20% commencing 7/16/2016.

3. Becomes exercisable in equal annual installments of 20% commencing 5/26/2017.

4. Becomes exercisable in equal annual installments of 20% commencing 5/24/2018.

Brian G. Lloyd, Attorney-in-Fact

** Signature of Reporting Person

06/29/2017

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.