SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 Estimated average burden

hours per response: 0.5

BARNETT			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 Officer (give title Other (specifi below) below)		
(Last) 1600 W. MER	(First) T PARKWAY	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/30/2015		Chief Accounting Officer		
(Street) SOUTH JORDAN	N UT 84095		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filin Form filed by One Rep Form filed by More that Person	porting Person	
(City)	(State)	(Zip)	vative Securities Acquired, Disposed of, or Benefi				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		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	07/30/2015		М		12,500 ⁽¹⁾	A	\$9.71	12,500	D			
Common Stock, No Par Value	07/30/2015		S		11,500 ⁽¹⁾	D	\$25.25	1,000	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 Secu Acq (A) o Disp of (E	umber vative urities uired or oosed o) (Instr. and 5)	6. Date Exerci Expiration Dat (Month/Day/Ye	e	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)	\$9.71	07/30/2015		М			12,500	12/28/2005	12/28/2015	Common Stock	12,500	\$0	0	D	
Non- qualified stock options (right to buy)	\$13.75							08/11/2012 ⁽²⁾	08/11/2018	Common Stock	20,000		20,000	D	
Non- qualified stock options (right to buy)	\$13.14							07/31/2014 ⁽³⁾	07/31/2020	Common Stock	10,000		10,000	D	
Non- qualified stock options (right to buy)	\$12.06							10/04/2015 ⁽⁴⁾	10/04/2021	Common Stock	10,000		10,000	D	
Non- qualified stock options (right to buy)	\$17.27							02/13/2016 ⁽⁵⁾	02/13/2022	Common Stock	10,000		10,000	D	

Explanation of Responses:

1. The reporting person exercised 12,500 shares of common stock, 11,500 of which were sold on the open market and 1,000 were held.

2. Becomes exercisable in equal annual installments of 20% commencing 08/11/12.

3. Becomes exercisable in equal annual installments of 20% commencing 07/31/14.

4. Becomes exercisable in equal annual installments of 20% commencing 10/04/15.

5. Becomes exercisable in equal annual installments of 20% commencing 02/13/16.

Date

** Signature of Reporting Person

* 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.