FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
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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

					or ——	Secti	on 30((n) of the	e Investmer	nt Co	mpany Act	of 1940						
1. Name and Address of Reporting Person* Peterson Neil						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI								heck all appli Direct	cable)	10% Ow		wner
(Last) (First) (Middle) 1600 W MERIT PARKWAY				03/	3. Date of Earliest Transaction (Month/Day/Year) 03/06/2024								X Officer (give title Other (specify below) CHIEF OPERATING OFFICER					
(Street) SOUTH JORDAN UT 84095			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	ole I - Nor	n-Deriv	ative	e Se	curit	ies A	cquired,	Dis	posed o	f, or Be	neficia	lly Owned	i			
1. Title of Security (Instr. 3) 2. Trans Date (Month/				action 2A. Deemed Execution Dat if any (Month/Day/Ye		te, Transaction Code (Instr.		5)		str. 3, 4 an	Benefic Owned Reporte	es ially Following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock, No Par Value			03/06	6/2024				Code	V	7,500	(A) (C) (D)	11100	Transac (Instr. 3		D			
			Table II -	<u> </u>	tive	Sec					osed of,	or Ben	eficiall		,			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Date, 1	4. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership t (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares	1				
Non- qualified stock options (right to buy)	\$44.8	03/06/2024			M			7,500	03/02/2019	(2)	03/02/2025	Common Stock	7,500	\$0	7,500		D	
Non- qualified stock options (right to buy)	\$54.4								04/25/2020	(3)	04/25/2026	Common Stock	20,000		20,000)	D	
Non- qualified stock options (right to buy)	\$68.33								08/19/2022	(4)	08/19/2028	Common Stock	25,000)	25,000)	D	
Non- qualified stock options (right to	\$70.58								02/28/2024	(5)	02/28/2030	Common Stock	13,576	5	13,576	6	D	

Explanation of Responses:

- 1. Represents the Reporting Person's exercise of stock options with a cash payment.
- 2. Becomes exercisable in equal annual installments of 20% commencing 03/02/2019.
- 3. Becomes exercisable in equal annual installments of 20% commencing 04/25/2020.
- 4. Becomes exercisable in equal annual installments of 25% commencing 08/19/2022.
- 5. Becomes exercisable in equal annual installments of 25% commencing 02/28/2024.

/s/ Brian G. Lloyd, Attorney-in-

Fact

** 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.