FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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).

## 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

1. Name and Address of Reporting Person*  ELLIS JAMES J  (Last) (First) (Middle)  1600 W. MERIT PARKWAY						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI ]  3. Date of Earliest Transaction (Month/Day/Year) 06/27/2007  4. If Amendment, Date of Original Filed (Month/Day/Year)								(Check	k all appl Direct Office below	or r (give title r)		10% Owner Other (specify below)	
(Street) SOUTH JORDAN (City)			34095 Zip)		4. IT A	men	iament,	Date	of Original	FIIEG	(Montn/	Day/Year	′ I	Line)	Form	Joint/Group filed by One filed by More n	Rep	orting Perso	on
		Tab	le I - N	on-Deriv	ative S	Sec	urities	Ac	quired, D	)isp	osed o	of, or B	enefic	cially	Owne	d			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,			Code (In:	Transaction Disposition Code (Instr. and 5)		rities Acc ed Of (D)			Securit Benefic Owned	ities Fo icially (D) d Ind wing (In		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amoun	t (A)		Repo rice Trans				r. 4)	
	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)	ittle of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, (Month/Day/Year) if any				5. Nu Fransaction of Code (Instr. Deriv			6. Date Exe Expiration (Month/Day	rcisable and 7. Title and Amount of			of es ng re	of De Se (Ir	Price erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amou or Numb of Share	er					
Non- qualified stock options (right to buy)	\$12.13	06/27/2007			A		15,000		(1)	06	/27/2014	Common Stock	15,0	00	\$0	15,000		D	

## **Explanation of Responses:**

 $1. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ 06/27/08.$ 

Rashelle Perry, Attorney-in-Fact 06/29/2007

\*\* 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.