FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
l	OMB Number:	3235-0287								
l	Estimated average burden									
l	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					U	360	1011 30(11)	OI LITE	HIVESUITEIT	COI	ilpaily Act	11340									
1. Name and Address of Reporting Person* WEINTRAUB B LEIGH							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 X Officer (give title Other (specify below)					
1.000 T./ T. MEDITE DA DIZI./ASZ						3. Date of Earliest Transaction (Month/Day/Year) 12/18/2004									below)	С	00	below)			
(Street) SOUTH JORDAN		TT 84095			4. 1	If Am	endment,	Date	of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Che Line) X Form filed by One Reporting Form filed by More than One Person				rting Persor	1		
(City) (State) (Zip)																					
			ble I - Nor						_	Dis	1				1		I a a		7. Notono ef		
1. Title of Security (Instr. 3) 2. Trans Date (Month/					Execu Day/Year) if any		2A. Deem Execution if any (Month/D	n Date	e, Transaction Dispo Code (Instr. 5)		Disposed	urities Acquired (A sed Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	Code V		Amount (A) or (D)		се					(,		
	stock, no p														1,392		D				
Common	stock, no p	ar value											+		1,215(1)		D				
Common stock, no par value															6,80)4 ⁽⁶⁾		Ι .	by 401(k) plan		
			Table II - I						uired, D s, option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion Date Of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amo or Num of Shar	ber							
Non- qualified stock options (right to buy)	\$7.61								12/08/2002	(2)	12/08/2011	Common Stock	32,5	556		35,55	66	D			
non- qualified stock options (right to buy)	\$2.07								08/17/2004	(3)	02/12/2011	Common Stock	2,2	22		22,22		D			
non- qualified stock options (right to buy)	\$9.74								02/06/2004	(4)	02/06/2013	Common Stock	35,5	556	35,5		66	D			
non- qualified stock options (right to buy)	\$21.67								12/13/2004	(5)	12/03/2013	Common Stock	14,0	000		14,00	00	D			
Non- qualified stock option (right to buy)	\$13.81								12/10/200	4	06/10/2014	Common Stock	6,0	00		6,000	0	D			
Non- qualified stock options, (right to buy)	\$15.03	12/18/2004			A		20,000		12/18/200	4	12/18/2014	Common Stock	20,0	000	\$15.03	20,00	10	D			

- 1. Emplyee stock purchase as of 12/28/04
- 2. Become exercisable in equal annual installments of 20% commencing 12/08/02
- 3. Become exercisable in equal annual installments of 20% commencing 02/12/02
- 4. Become exercisable in equal annual installments of 20% commencing 02/06/04
- 5. Become exercisable in equal annual installments of 20% commencing 12/13/04
- 6. Represents plan holdings as of 12/28/04 based upon most recent plan statement timely distributed.

B leigh Weintraub

12/18/2004

** 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.