SEC Form 4

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

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	ress of Reporting P	'erson [*]	2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>STANGER KENT W</u>			1	X	Director	10% Owner				
(Last) (First) (Middle) 1600 W MERIT PARKWAY		(Middle)			Officer (give title below)	Other (specify below)				
			3. Date of Earliest Transaction (Month/Day/Year) 05/02/2016							
(Street)		84095	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
SOUTH JORDAN	UT			X	Form filed by One Re	porting Person				
JORDAN			_		Form filed by More the Person	an One Reporting				
(City)	(State)	(Zip)								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 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)		(1130.4)
Common Stock, No Par Value								42,250	Ι	By 401(k) plan ⁽¹⁾
Common Stock, No Par Value								4,271 ⁽²⁾	D	
Common Stock, No Par Value								29,524	I	Family Limited Liability Company ⁽³⁾
Common Stock, No Par Value								426,346	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)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed sed	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)	\$13.75							08/11/2012 ⁽⁴⁾	08/11/2018	Common Stock	64,000		64,000	D	
Non- qualified stock options (right to buy)	\$12.06							10/04/2015 ⁽⁵⁾	10/04/2021	Common Stock	2,000		2,000	D	
Non- qualified stock options (right to buy)	\$19.72	05/02/2016		A		9,375		05/02/2017	05/02/2023 ⁽⁶⁾	Common Stock	9,375	\$0	9,375	D	

Explanation of Responses:

1. Represents plan holdings as of 03/01/2016.

2. Employee stock purchase plan holdings as of 03/01/2016.

3. This report shall not be deemed an admission that the reporting person is the beneficial owner of the securities held by K.W.S. Properties LC.

4. Becomes exercisable in equal annual installments of 20% commencing on 08/11/2012.

5. Becomes exercisable in equal annual installments of 20% commencing on 10/04/2015.

6. Becomes exercisable in equal annual installments of 20% commencing on 05/02/2017.

Kent W. Stanger

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. \ast 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.