FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	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).

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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1. Name and Address of Reporting Person* <u>Gunderson Thomas James</u>					2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title		Other (s below)	specify	
				00/	06/22/2020														
(Street) SOUTH JORDAN UT 84095			4. If	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							
(City)	(S	tate)	(Zip)												Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Code (I	, Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								v	Amount	(A) o	r F	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
		-							quired, D						Owned				
	I -					cal	·		s, option	_								1	T
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, Tecurity or Exercise (Month/Day/Year) if any C			ransaction of I ode (Instr. Derivative (6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				C	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nui of	ount mber ares					
Restricted Stock Unit	(1)	06/22/2020			A		4,188		(2)		06/22/2021	Common Stock	4,	188	\$0	4,188		D	
Non- qualified stock options (right to buy)	\$34.4								05/24/2018 ⁰	(3)	05/24/2024	Common Stock	25	,000		25,000	0	D	
Non- qualified stock options (right to buy)	\$50.5								06/07/2019 ⁰	(4)	06/07/2025	Common Stock	25	,000		25,000	0	D	
Non- qualified stock options (right to buy)	\$52.17								05/24/2020 ⁰	(5)	05/24/2026	Common Stock	13	,750		13,750	0	D	
Non- qualified stock options (right to	\$52.17								05/31/2020 ⁰	(6)	05/31/2026	Common Stock	7,	500		7,500		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Common Stock upon vesting.
- $2.\ Each\ restricted\ stock\ unit\ vests\ on\ June\ 22,\ 2021\ subject\ to\ continued\ service\ to\ the\ Issuer\ through\ the\ vesting\ date.$
- 3. Becomes exercisable in equal annual installments of 20% commencing 05/24/2018.
- 4. Becomes exercisable in equal annual installments of 20% commencing 06/07/2019.
- 5. Becomes exercisable in equal annual installments of 33% commencing 05/24/2020.
- 6. Becomes exercisable in equal annual installments of 33% commencing 05/31/2020.

/s/ Brian G. Lloyd, Attorney-in-06/24/2020

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.