Instruction 1(b)

Form 3 Holdings Reported.

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

Washington, D.	C. 20549
----------------	----------

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 1.0

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 4 Transactions Reported. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940																	
Name and Address of Reporting Person* Stephens Martin R					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					
(Last) 1600 W. I	(Fir MERIT PAI	,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006					Year)	A	below) below) VP of Sales						
(Street) SOUTH JORDAN (City)			14095 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi _ine) X	,					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed 3. Execution Date, if any Coo		3. Transaction Code (Instr. 8) 4. Securities Acquir Of (D) (Instr. 3, 4 and			or Dispose		5. Amount of Securities Beneficially Owned at end of				7. Nature of Indirect Beneficial Ownership				
				(World In Day Teat)		3)		Amou	nt	(A) or (D) Price			Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)
Common	Stock	7,400 D				D											
Common	Stock				1,909 ⁽¹⁾ D												
Common	Stock											3,740 ⁽²⁾ I By 4 plan				By 401 (k) plan	
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. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		Derivative Security (Instr. 5) General Beneficia Owned Followin Reporter Transact (Instr. 4)		Following Reported Transaction	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Acquired under the Employee Stock Purchase Plan as of 12/31/2006
- 2. Represents plan holdings as of 12/31/2006

Martin R. Stephens

02/14/2007

** 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.