

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Wright Joseph</u> (Last) (First) (Middle) 1600 WEST MERIT PARKWAY (Street) SOUTH JORDAN UT 84095 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC [MMSI]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>President, International</u>
	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2016	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

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 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 Transaction(s) (Instr. 3 and 4)	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			

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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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					
Non-qualified stock options (right to buy)	\$13.75							08/11/2012 ⁽¹⁾	08/11/2018	Common Stock	20,000	20,000	D	
Non-qualified stock options (right to buy)	\$13.14							07/31/2014 ⁽²⁾	07/31/2020	Common Stock	10,000	10,000	D	
Non-qualified stock options (right to buy)	\$12.06							10/04/2015 ⁽³⁾	10/04/2021	Common Stock	25,000	25,000	D	
Non-qualified stock options (right to buy)	\$17.27							02/13/2016 ⁽⁴⁾	02/13/2022	Common Stock	10,000	10,000	D	
Non-qualified stock options (right to buy)	\$16.05	01/28/2016		A		20,000		01/28/2017 ⁽⁵⁾	01/28/2023	Common Stock	20,000	\$0	20,000	D

Explanation of Responses:

- Becomes exercisable in equal annual installments of 20% commencing on 08/11/2012.
- Becomes exercisable in equal annual installments of 20% commencing on 07/31/2014.
- Becomes exercisable in equal annual installments of 20% commencing on 10/04/2015.
- Becomes exercisable in equal annual installments of 20% commencing on 02/13/2016.
- Becomes exercisable in equal annual installments of 20% commencing on 01/28/2017.

Joseph Wright

02/01/2016

** 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.

