SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

1. Name and Address of Reporting Person [*] Millner F. Ann			2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			1	X	Director	10% Owner			
(Last)	(Firct)	(Middlo)			Officer (give title below)	Other (specify below)			
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY		,	3. Date of Earliest Transaction (Month/Day/Year) 08/03/2017			,			
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Group Filir	ng (Check Applicable			
SOUTH	UT	84095		X	Form filed by One Reporting Person				
JORDAN					Form filed by More than One Reporting Person				
(City)	(State)	(Zip)							

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)	Transaction Code (Instr.					Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)		(1150. 4)	
Common Stock, No Par Value	08/03/2017		М		4,247	A	\$21.98	6,750	D		
Common Stock, No Par Value	08/03/2017		S		3,106	D	\$41.014(1)	3,644	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)				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)	\$21.98	08/03/2017		М			4,247	07/16/2016 ⁽²⁾	07/16/2022	Common Stock	4,247	\$0	12,739	D	
Non- qualified stock options (right to buy)	\$18.8							05/26/2017 ⁽³⁾	05/26/2023	Common Stock	5,000		20,000	D	
Non- qualified stock options (right to buy)	\$34.4							05/24/2018 ⁽⁴⁾	05/24/2024	Common Stock	25,000		25,000	D	

Explanation of Responses:

1. The price reported in Column 4 of Table 1 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.005 to 41.05, inclusive. The reporting person undertakes to provide to Merit Medical Systems, Inc., any security holder of Merit Medical Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

2. Becomes exercisable in equal annual installments of 20% commencing 7/16/2016.

3. Becomes exercisable in equal annual installments of 20% commencing 5/26/2017.

4. Becomes exercisable in equal annual installments of 20% commencing 5/24/2018.

Brian G. Lloyd, Attorney-in-Fact

08/07/2017

** 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.