FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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).

## 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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LAMPROPOULOS FRED P					MMSI]								X Di		ctor		Owner		
(Last) (First) (Middle) 1600 W MARIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 11/26/2003							X	Offic belo	er (give title w)	Oth bek	er (specify ow)		
														President, CEO			,		
(0)			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable									
(Street) SO JORD	AN U									Line)  X Form filed by One Reporting Person				erson					
		AN UT 84095													orm filed by More than One Repo				
(City)	(St	ate) (2	Zip)											Pers	on				
		Tabl	e I - I	Non-Deriv	ative	Secu	ırities Ac	quired	, Dis	posed of	f, or E	Benefi	cially	Own	ed				
[				2. Transaction Date (Month/Day/	Year)	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef Owner		ficially d	6. Ownership Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	or Pri	ce	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	(Instr. 4)			
Common Stock, no par value				11/26/20	5/2003		11/26/2003			1,200	D	\$3	1.529	6	68,119	D			
Common Stock, no par value				11/26/20	003 11/		26/2003	S		1,800	D	\$3	1.286	6	66,919	D			
Common Stock, no par value			11/26/20	:003 11/:		26/2003	S		2,000	D	\$.	\$31.39		64,919	D				
Common Stock, no par value 08/08/19				988	88 08/08/1988		S		41,038	D		(1)		41,038(1)		by 401(k) Plan <sup>(1)</sup>			
		Та	ble II	- Derivat (e.g., pı						osed of, convertib				wned					
Derivative C Security o (Instr. 3) P	2. Conversion or Exercise Price of Derivative Security		Execu if any		4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		of Der Sec (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A) (D)			Expiration Date	Title	Amou or Numb of Share	er						

## **Explanation of Responses:**

 $1. \ Represents \ plan \ holdings \ as \ of \ 8/22/03 \ per \ most \ recent \ plan \ statement \ timely \ distributred.$ 

Fred P. Lampropoulos 11/26/2003

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).