FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Washington,	D.C.	20549

OWNERSHIP

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						

	3 Holdings Rep	ortod				OI	WNE	RSH	IP					ll.	ours per re		urucii	1.0	
_			Fil	led pursuant t	o Sec	tion 16	S(a) of th	ne Secu	rities Exch	ange A	ct of 193	34							
1. Name and Address of Reporting Person* STANGER KENT W			2. Issuer	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)							
(Last) (First) (Middle) 1600 W MERIT PARKWAY					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017													-	
(Street) SOUTH JORDA	N U	Т	84095	4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dai if any (Month/Day/	3. Transac Code (Ir		action			uired (A) and 5)	red (A) or Disposed ad 5)		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Amoui	Amount (Price		Year (Instr. 3 and 4)		(Instr. 4)		(dii i,		
Common	Common Stock, No Par Value											42		77			By 401(k) plan ⁽¹⁾		
Common	Stock, No	Par Value											4,271	(2)	D				
Common Stock, No Par Value												29,524		I		Family Limited Partnership ⁽³⁾			
Common Stock, No Par Value		12/27/2017			G	550		D		(4) 410,		984 Г)					
		٦	rable II - Deriva (e.g.,	ative Secu puts, calls									y Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,	4. Transaction Code (Instr. 8)	of Expir		Expira	ate Exercisable and iration Date nth/Day/Year)		Amo Secu Und Deri	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security (Instr. 5) Ben Own Foll Rep		ities icially d ving ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exerci	sable	Expiratio Date		A O N O S								
Non- qualified stock options (right to buy)	\$13.75						08/11/	2012 ⁽⁵⁾	2 ⁽⁵⁾ 08/11/2018		nmon ock	42,000	4		42,000		D		
Non- qualified stock options (right to buy)	\$12.06						10/04/	2015 ⁽⁶⁾	10/04/202		imon ock	2,000		2,	,000	D			
Non- qualified stock options (right to buy)	\$19.72						05/02/	2017 ⁽⁷⁾	05/02/202		imon ock	9,375		9,	,375	D			
Non- qualified stock options (right to buy)	\$18.8						05/26/	2017 ⁽⁸⁾	05/26/202		imon ock	25,000		25	5,000	D			
Non- qualified stock options (right to buy)	\$34.4						05/24/	2018 ⁽⁹⁾	05/24/202		imon ock	25,000		25	5,000	D			

Explanation of Responses:

- 1. Represents plan holdings as of 12/31/17.
- 2. Employee stock purchase plan as of 12/31/17.
- 3. This report shall not be deemed an admission that the reporting person is the beneficial owner of the securities held by K.W.S. Properties LC.
- 4. This is a gift.
- 5. Becomes exercisable in equal annual installments of 20% commencing on 08/11/2012.
- 6. Becomes exercisable in equal annual installments of 20% commencing on 10/04/2015.
- 7. Becomes exercisable in equal annual installments of 20% commencing on 05/02/2017.
- $8. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ on \ 05/26/2017.$
- 9. Becomes exercisable in equal annual installments of 20% commencing on 05/24/2018.

Brian G. Lloyd, Attorney-in-

** Signature of Reporting Person

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.