FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Ward L  | (Fi  | 3. E 03/   | 2. Issuer Name and Ticker or Trading Symbol  MERIT MEDICAL SYSTEMS INC [ MMSI ]  3. Date of Earliest Transaction (Month/Day/Year) 03/08/2023  4. If Amendment, Date of Original Filed (Month/Day/Year) |      |               |                       |     |  |          |   | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner Officer (give title below)      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)  | (Si  | tate)      | (Zip)  |      |               |                       |     |  |          |   |  |                                      |  |  |   |                    |  |   |            |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |            |  |      |               |                       |     |  |          |   |  |                                      |  |  |   |                    |  |   |            |
| 1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/ |  |            |  |      |               | Year) Execution Date, |     |  |          | s Acquired (A) or<br>f (D) (Instr. 3, 4 and |  | 5)                                   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Follov<br>Reported |  | Form<br>ly (D) or   |                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |   |            |
|   |  |            |  |      |               |                       |     |  |          | v   | Amount   | (A) or<br>(D)                        | Price  | Tran   |   | etion(s)<br>and 4) |  |   | (Instr. 4) |
| Common Stock, No Par Value 03/08/20                             |  |            |  |      | /2023         | 023                   |     | М  |          | 2,000                                       | Α  | \$34.4                               | 1.46   |  | 7,549   |                    | D  |   |            |
| Common Stock, No Par Value 03/08/20                             |  |            |  |      | /2023         |                       |     |  | S        |   | 11,585   | D                                    | \$66.70  | 6(1)   | 5,964   |                    |  | D                                       |            |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |  |      |               |                       |     |  |          |   |  |                                      |  |  |   |                    |  |   |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | erivative Conversion Date Execution Date, Tr<br>ecurity or Exercise (Month/Day/Year) if any C  |            |  |      | nsaction of I |                       |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |          |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4)   |                                      | Do<br>So<br>(Ir  | Price of<br>erivative<br>ecurity<br>nstr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactic<br>(Instr. 4) | ily                | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4) |            |
|   |  |            |  | Code | v             | (A)                   | (D) | Date<br>Exercisa   | able     | Expiration<br>Date                          | Title  | Amoun<br>or<br>Numbe<br>of<br>Shares | r  |  |   |                    |  |   |            |
| Non-<br>qualified<br>stock<br>options<br>(right to<br>buy)      | \$34.46  | 03/08/2023 |  |      | М             |                       |     | 2,000  | 08/28/20 | )20 <sup>(2)</sup>                          | 08/28/2026   | Common<br>Stock                      | 2,000  |  | \$0   | 5,433              |  | 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 \$66.51 to \$66.86, 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 33% commencing 08/28/2020.

/s/ Brian G. Lloyd, Attorney-

in-Fact

\*\* Signature of Reporting Person

Date

03/10/2023

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.