FORM 4

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

Washington, D.C. 20549

OMB APPROVAL

- 1		
	OMB Number:	3235-0287
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## 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*  Ward Lynne																Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
					. [ ]																
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY							f Earlie	est Tra	ınsacı	tion (Mon	ith/Da	ay/Year)			Officer (give title below)			Other (s below)	pecify		
					4. If A	Ame	ndmen	t. Date	e of C	Original Fi	led (	Month/D	av/Year)	le	. Indi	vidual or	Joint/Grou	o Filino	g (Check Ap	plicable	
								-,					,,		ine)				9 (	<b>,</b>	
(Street)															X	Form	filed by One	e Rep	orting Perso	n	
SOUTH	LI.	Т	84095													Form	filed by Mo	re thai	n One Repo	rting	
JORDA	N C	1	04033													Perso				Ü	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Tab	le I - No	n-Deriv	ative	Sec	uriti	es A	cqu	ired, D	isp	osed c	of, or Be	enefic	ally	Owne	d				
1 Title of	Security (Inc	tr 3)		2. Transa	action	72	A. Deei	med	Τ.	3.		4 Secur	ities Acqui	red (Δ) (	ır	5. Amou	ınt of	6.0	vnership	7. Nature	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Exec ay/Year) if any			e,	r, Transaction Disposed Code (Instr. 5)		d Of (D) (In		Securiti Benefic	es F ially (	Form (D) o	orm: Direct O) or Indirect	of Indirect Beneficial					
						(Month/Day/Yea			ar)	ar) 8)					Owned Reporte		(I) (Ir		Ownership Instr. 4)		
										Code	νl	Amount	(A) (	or   Prio	e	Transac	tion(s)		- 1	,	
									_				(D)			(Instr. 3	and 4)				
Common	/2023	2023				A		2,262 <sup>(1)</sup> A		.   \$	6 <mark>0</mark>	8,226			D						
		Т	able II -						•	,	•		or Ben		•	owned			•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	if any	ecution Date, To		4. Transaction Code (Instr. 8)		Number I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	e rcisable	Exp Dat	piration te	Title	Amount or Number of Shares	er						
Non- qualified stock options (right to buy)	\$34.46							_	08/2	8/2020 <sup>(2)</sup>	08/	28/2026	Common Stock	2,000			5,433		D		

## **Explanation of Responses:**

- 1. The reported transaction involved the reporting person's receipt of a grant of 2,262 restricted stock units (RSUs) under the Merit Medical Systems, Inc. 2018 Long-Term Incentive Plan. The RSUs vest on May 18, 2024. Vesting of the RSUs is subject to continued service to the issuer through the vesting date.
- 2. Becomes exercisable in equal annual installments of 33% commencing 08/28/2020.

/s/ Brian G. Lloyd, Attorneyin-Fact

05/22/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.