FORM 4

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

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:										
Estimated average burd	ed 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

Name and Address of Reporting Person*     Miller Franklin J						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI ]									k all app Direc	olicable)	g Person(s) to Issuer  10% Owner  Other (specify	
(Last) 1600 W	(Last) (First) (Middle) 1600 W MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 06/03/2005									w)	below	)
(Street) SOUTH JORDAN	N U	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										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	ate)	(Zip)															
		Tal	ole I - I	Non-Deriv	ative	Sec	uriti	es A	cquired, [	Dis	posed	of, or E	Benefi	cially	Owne	ed		
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da		Executi		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)		3, 4 Sed Bei Ow		mount of urities reficially ned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun	t (A)	or Pr	ice			(Instr. 4)	(Instr. 4)
Common Stock, No Par Value				06/06/2				P		600	) /	4 \$	15.01	13,154		D		
Common Stock, No Par Value			06/03/2				P		700	) /	4 \$	15.22	1	3,854	D			
Commpn Stock, No Par Value			06/03/2				P		100	) /	4 \$	15.15	1	3,954	D			
Common Stock, No Par Vlaue			06/03/2				P		100	) /	4 \$	15.13	14,054		D			
Common Stock, No Par Value 06/0				06/03/2	2005			P		100	) /	A \$15.03		1	4,154	D		
Common Stock, No Par Value 06/03			06/03/2	2005			P		400		4 \$	\$15.06		4,554	D			
		T	able II						uired, Dis						Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date,		5. ction Number			6. Date Exer Expiration I (Month/Day	cisa	7. Title and Amount of		nd of es ng	8. of De Se (In	rivative Security Bestr. 5) Ov	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
						v	(A)	(D)	Date Exercisable		piration te	Title	Amou or Numb of Share	er				
Non- qualified stock options (right to buy)	\$14.26								05/25/2005	05	/25/2015	Common Stock	15,00	00		15,000	D	

Explanation of Responses:

Franklin J Miller

06/06/2005

\*\* 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> 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).