FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
1	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

						<u> </u>		(11) 01 111	e investine	CC	inpany Act	01 1940							
1. Name and Address of Reporting Person* <u>LIU DAVID MING-TEH</u>					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														
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) O6/01/2020 Officer (give title below) Other (specify below) Officer (give title below) Other (specify below)												specify	
(Street) SOUTH JORDAN UT 84095			4. 1	If Am	endme	nt, Date	e of Origina	File	d (Month/Da	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting									
(City)	(City) (State) (Zip)												Person						
		Tal	ole I - Noi	n-Deriv	/ativ	e Se	curit	ties A	cquired	Dis	posed c	of, or	3ene	ficiall	y Owned				
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	, Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 an			5. Amou Securitie Beneficia Owned F Reported	s ally following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	Amount (A) or (D)		Price	Transact (Instr. 3	tion(s)			`
Common	Stock, No	Par Value		06/01	1/202	/2020			M		6,300	00 A		\$21.7 1	6,3	6,300		D	
Common	Stock, No	Par Value		06/01	1/2020				M		7,500) A		\$34.4	13,800		D		
Common Stock, No Par Value			06/01	1/2020				S		13,80	.3,800 D		\$45		0		D		
			Table II -						quired, I						Owned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any Code (Inst				of Deri Sec Acq (A) o Disp of (I	oosed O) tr. 3, 4	Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu of	ımber					
Non- qualified stock options (right to buy)	\$21.71	06/01/2020			М			6,300	07/25/201	7(1)	07/25/2023	Comm Stoc		,300	\$0	4,200		D	
Non- qualified stock options (right to buy)	\$34.4	06/01/2020			М			7,500	05/24/201	3 ⁽²⁾	05/24/2024	Comm Stoc		,500	\$0	5,000)	D	
Non- qualified stock options (right to buy)	\$50.5								06/07/2019	g ⁽³⁾	06/07/2025	Comm		5,000		25,000	0	D	
Non- qualified stock options (right to buy)	\$52.17								05/24/2020) ⁽⁴⁾	05/24/2026	Comm Stoc		3,750		13,750	0	D	
Non- qualified stock options (right to buy)	\$52.17								05/31/2020) ⁽⁵⁾	05/31/2026	Comm Stoc		,500		7,500		D	

Explanation of Responses:

- $1.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ 07/25/2017.$
- 2. Becomes exercisable in equal annual installments of 20% commencing 05/24/2018.
- 3. Becomes exercisable in equal annual installments of 20% commencing 06/07/2019.
- $4.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 33\%\ commencing\ 05/24/2020.$
- 5. Becomes exercisable in equal annual installments of 33% commencing 05/31/2020.

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.