FORM 4

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

Washington, D.C. 20549

wasnington, D.C. 20549

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).

## 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*						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ANDERSON A SCOTT						EK	I IVIE	DIC	AL 313	) 1 [	1W15 11N	·   `	X Director			10% Owner				
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY					- Ľ								Officer below)	(give title		Other (s	specify			
						Date (		Tran	saction (Mor	nth/D	ay/Year)		,			,				
					_ 03	12212	2015													
(Street) SOUTH JORDAN UT 84095					4.1	If Ame	endment, I	Date	of Original F	iled	(Month/Day	6. Inc	6. Individual or Joint/Group Filing (Check Applicable							
												- 1 '	X Form filed by One Reporting Person							
					_										Form fi Person		e than	One Repor	ting	
(City) (State) (Zip)																				
		Tal	ble I - Non	ı-Deri	vativ	e Se	curitie	s Ac	cquired, I	Dis	osed o	f, or	Bene	ficially	/ Owned					
1. Title of	Security (Ins			2. Tran			2A. Deem	ed	3.		4. Securit	ies A	cquired	(A) or	5. Amoui				7. Nature of	
Date (Month/D				n/Day/Y	ear)	Execution Date, if any (Month/Day/Year)		Code (Instr.				3, 4 and	Securitie Beneficia Owned F	ally	Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership			
							(WOTHIND)	аулге	·   ·				(A) or		Reported	ı	(,, (		(Instr. 4)	
						_			Code	V	Amount		(D)	Price	(Instr. 3 and 4)					
Common Stock, No Par Value															1,000			D		
			Table II - I												Owned					
1 Tido of	1.	2 Transaction	1			cai	<del>-</del>	_	s, option	_					0 Duine of	l o Numba		10	11 Notion	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,		nsaction of Ex			Expiration I	Date Exercisable and ixpiration Date of Securit Underlyin Derivative (Instr. 3 ar				ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	re Oves For Ally Direction or G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	1	Amount or Jumber of Shares						
Non- qualified stock options (right to buy)	\$12.91								05/23/2013 <sup>(</sup>	1)	05/23/2019		nmon ock	12,000		12,000		D		
Non- qualified stock options (right to buy)	\$9.95								05/22/2014 <sup>0</sup>	2)	05/22/2020		nmon ock	20,000		20,00	0	D		
Non- qualified stock options (right to buy)	\$13.99								06/11/2015 <sup>(</sup>	3)	06/11/2021		nmon ock	25,000		25,00	0	D		
Non- qualified stock options (right to	\$20.27	05/22/2015			A		25,000		05/22/2016 <sup>0</sup>	4)	05/22/2022		nmon ock	25,000	\$0	25,00	0	D		

## **Explanation of Responses:**

- 1. Becomes exercisable in equal annual installments of 20% commencing 05/23/2013.
- 2. Becomes exercisable in equal annual installments of 20% commencing 05/22/2014.
- 3. Becomes exercisable in equal annual installments of 20% commencing 06/11/2015.
- $4. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ 05/22/2016.$

<u>Gregory L. Barnett, Attorney-in-Fact</u>

05/27/2015

\*\* 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.