FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20540	
wasiiiiiqtoii,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number: 3235-0								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

																					í
Name and Address of Reporting Person* A NIDER CONTACTOR				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					1											X Directo	or		10% Owner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023										Officer below)	(give title		Other (s below)	specify	
1600 WEST MERIT PARKWAY					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable													plicable		
(Street)					-					•			•		Line	,					
SOUTH UT 84095																X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication															
							neck this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to tisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ed to				
		Tab	le I - Noi	n-Deriv	ative	Sec	curiti	es A	cqui	ired, D	isp	osed c	of, or	Ben	eficial	ly Owne	d				
1. Title of Security (Instr. 3)		2. Trans Date (Month/		r) E	2A. Deemed Execution Date if any (Month/Day/Ye		e, 1	Transaction		4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)			Benefic Owned	es ially Following	Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership				
									(Code	v	Amount	t (A) o		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Common Stock, No Par Value				3/2023					A		2,262	262 ⁽¹⁾ A		\$0	46,397		D			
		Т	able II -									sed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transac Code (II 8)		of Deriv Secu Acqu (A) o Dispo	ivative curities quired or posed D)		6. Date Exercisable Expiration Date (Month/Day/Year)		e and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration te	Title	0 N	lumber						
Non- qualified stock options (right to buy)	\$50.5								06/07	7/2019 ⁽²⁾	06/	07/2025	Comm Stock		5,000		25,000)	D		
Non- qualified stock options (right to buy)	\$52.17								05/24	4/2020 ⁽³⁾	05/	24/2026	Comm Stock		3,750		13,750		D		
Non-						_	1	_													-

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

/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.

- * 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.