## FORM 5

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**

| Vashington, | D.C. | 20549 |  |
|-------------|------|-------|--|

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | OVAL      |
|------------------------|-----------|
| OMB Number:            | 3235-0362 |
| Estimated average burd | len       |
| hours per response:    | 1.0       |

Form 3 Holdings Reported.

| X Form 4   | 1 Transactions  | Reported.                                  | Fil   | led pursuant t<br>or Sectio  |  |   |   |  | irities Excha<br>Company Ac                   |        |  |  |   |   |                                  |   |         |  |  |
|--|---|--|---|--|--|---|---|--|---|--------|--|--|---|---|----------------------------------|---|---------|--|--|
| 1. Name and Address of Reporting Person*  Karras Nolan E.  |   |  |   | 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)                                    |   |  | 3. Statem   | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  Officer (give title below)  Other (specify below)  |  |   |   |  |   |        |  |  |   | ecify   |                                  |   |         |  |  |
| 1600 WI  | EST MERIT   | Γ PARKWAY                                  |   | 12/31/20   | 013  |   |   |  | <u> </u>                                      |        |  |  |   |   |                                  |   |         |  |  |
| (Street) SOUTH JORDAN UT 84095                             |   |  |   | 4. If Ame  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |  |   |        |  |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting |                                  |   |         |  |  |
| (City)   | (S  | tate)                                      | (Zip)   | _  |  |   |   |  |   |        |  |  | Persor  | 1   |                                  |   |         |  |  |
|  |   | Tab  | le I - Non-Deri   | vative Sed   | curiti   | ies A                                   | cquire  | ed, D  | isposed                                       | of, or | Benefi   | ciall  | y Owned   | ı   |                                  |   |         |  |  |
| 1. Title of Security (Instr. 3)                            |   | 2. Transaction<br>Date<br>(Month/Day/Year) | Execution D   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |  | 3.<br>Transaction<br>Code (Instr.<br>8) |   | 4. Securities Acquired (A) or Dispos<br>Of (D) (Instr. 3, 4 and 5) |   |        | Securities<br>Beneficia  |  | ly  | Form:   | vnership Indii<br>rm: Direct Ben |   | eficial |  |  |
|  |   |  | (Month/Day  |  |  |   |   | Amount (   |   | Price  |  | Owned at end of<br>Issuer's Fiscal<br>Year (Instr. 3 and<br>4) |   | (D) or<br>Indirect (I)<br>(Instr. 4)  |                                  | Ownership<br>(Instr. 4)   |         |  |  |
| Common Stock, No Par Value                                 |   |  |   |  |  |   |   |  |   |        |  | 4,00   | 4,000   |   | I By                             |   | RA      |  |  |
| Common Stock, No Par Value                                 |   | 05/01/2013                                 |   |  |  | P4                                      |   | 2,000  |   | \$9.63 |  | 2,000  |   | I   |                                  | Trustee for<br>Revocable<br>Trust                                       |         |  |  |
|  |   | 7  | able II - Deriva<br>(e.g.,                                  | ative Secu<br>puts, calls  |  |   |   |  |   |        |  |  | Owned   |   |                                  |   |         |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)  | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispe            | r<br>osed<br>)<br>r. 3, 4               | expirate (Month in its |  | e Exercisable and<br>tion Date<br>n/Day/Year) |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Sect<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4)               |                                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 |         | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |  | (A)  | (D)                                     | Date<br>Exercis   | sable  | Expiration<br>Date                            | Title  | or   | ount<br>nber<br>res  |   |   |                                  |   |         |  |  |
| Non-<br>qualified<br>stock<br>options<br>(right to<br>buy) | \$12.91   |  |   |  |  |   | 05/23/2   | 2013 <sup>(1)</sup>  | 05/23/2019                                    | Comm   |  | 000  |   | 20,0  | 000                              | D   |         |  |  |
| Non-<br>qualified<br>stock<br>options<br>(right to         | \$9.95  |  |   |  |  |   | 05/22/2   | 2014 <sup>(2)</sup>  | 05/22/2020                                    | Comm   | 1 /5   | 000  |   | 25,0  | 000                              | D   |         |  |  |

## Explanation of Responses:

- 1. Becomes exercisable in equal annual installments of 20% commencing 5/23/2013.
- $2.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ 5/22/2014.$

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

02/14/2014

\*\* 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.