FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvaoriingtori,	D.O.	-0010

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	ourden								
- 1	hours nor reasons	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 or Section 30(h) of the Investment Company Act of 1940

								., 5											
1. Name and Address of Reporting Person* Millner F. Ann					2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]								(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				vner	
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 05/24/2022 Officer (give title below) below) Other (spe below)										specify				
(Street) SOUTH JORDA	N U	Т	84095		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting				n		
(City)	(S	tate)	(Zip)												Person	l			
		Tab	ole I - Nor	า-Deri\	vativ	e Se	curiti	ies A	cquired, l	Dis	posed c	f, or	Bene	ficial	ly Owned	l			
j`` / D		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Disposed (Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		A) or 3, 4 and	Beneficia Owned F	es ally ^F ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D) P		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock, No	Par Value		05/2	4/202	2			A		3,050	(1)	A	\$0	24,076			D	
		•							quired, Di						Owned				
1. Title of Derivative Conversion or Exercise Price of Derivative Security			Date,		ransaction of Code (Instr. Derivative		Expiration Date of Se (Month/Day/Year) Under Deriv			7. Title of Sec Under Deriva (Instr.	urities ying tive Se		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		expiration Date	Title	OI No of	umber					
Non- qualified stock options (right to buy)	\$18.8								05/26/2017 ⁽²	2) 0	5/26/2023	Comm		0,000		10,000)	D	
Non- qualified stock options (right to buy)	\$34.4								05/24/2018 ⁽³	3) 0	5/24/2024	Comm		0,000		20,000)	D	
Non- qualified stock options (right to buy)	\$50.5								06/07/2019 ⁽⁴	⁴⁾ C	6/07/2025	Comm		5,000		25,000)	D	
Non- qualified stock options (right to buy)	\$52.17								05/24/2020 ⁽⁵	5) 0	5/24/2026	Comm		3,750		13,750)	D	
Non- qualified stock options (right to	\$52.17								05/31/2020(6	5) 0	5/31/2026	Comm		,500		7,500		D	

Explanation of Responses:

- 1. The reported transaction involved the reporting person's receipt of a grant of 3,050 restricted stock units (RSUs) under the Merit Medical Systems, Inc. 2018 Long-Term Incentive Plan. The RSUs vest on May 24, 2023. 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 05/26/2017.
- 3. Becomes exercisable in equal annual installments of 20% commencing 05/24/2018.
- 4. Becomes exercisable in equal annual installments of 20% commencing 06/07/2019.
- 5. Becomes exercisable in equal annual installments of 33% commencing 05/24/2020.
- $6. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 33\% \ commencing \ 05/31/2020.$

/s/ Brian G. Lloyd, Attorney-

05/26/2022

** Signature of Reporting Person

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.