FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, 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* BARNETT GREG L (Last) (First) (Middle) 1600 W. MERIT PARKWAY (Street) SOUTH JORDAN UT 84095 | | | | | | 2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI] 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2005 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | X | Chief Accounting Officer dividual or Joint/Group Filing (Check Applicable | | | | |
|--|--|------------|------|-----------------|---|---|---|---|--|----------------|--|--|-------|--|-----------------------------|---|--|--|
| (City) | (Si | ate) (| Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day/ | | | | Execution Date, | | | Transaction Dispos Code (Instr. and 5) | | urities Acquired sed Of (D) (Instr. | | 3, 4 Securi Benefi Owned Follow | | ially | Form (D) o | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amoun | nt (A) or (D) | | ce | | ed ction(s) 3 and 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any C | | | Code (In | ransaction of Eode (Instr. Derivative (| | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Securities Underlying Derivative Security (Instrand 4) | | | of es ng re | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | piration te | Title | Amoun or Numbe of Shares | | | | | | |
| Non- qualified stock options (right to buy) | \$12.14 | 12/28/2005 | | A | | 10,000 | | 12/28/2005 | 12 | /28/2015 | Common Stock | 10,000 | 0 8 | \$12.14 | 72,224 | | D | |

Explanation of Responses:

<u>Greg Barnett</u> <u>12/30/2005</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).