SEC Form 5

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

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL
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Form 3	3 Holdings Rep	orted.											uis per re	sponse.		1.0
Form 4	4 Transactions	Reported.	Fil				ne Securities Exc stment Company									
	nd Address of GER KEN		2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC</u> [MMSI]							5. Relationship of Reporting Pers Check all applicable) X Director			10% Owner			
(Last) 1600 W	(F MERIT PA		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015							Officer (give title Other (specify below) below)						
(Street) SOUTH JORDAI		Г	84095	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 Person					
(City)	(S	tate)	(Zip)													
		Tab	le I - Non-Deri	vative Secu	irities Ac	quir	ed, Dispose	d of, o	r Benefi	cially	y Owned	l				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	Code (I	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)				ed 5. Amount of Securities Beneficially Owned at end		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
				(monthind dy) rea	, 0,		Amount	(A) or (D)	Price		Issuer's Fis Year (Instr. 4)	cal	Indirect (Instr. 4)		(Instr. 4)	
Common	Stock, No	Par Value									42,11	6	I		By 40 plan ⁽¹⁾	
Common Stock, No Par Value											4,271	(2)	D			
Common Stock, No Par Value											29,52	4	I		Family Limite Partne	
Common Stock, No Par Value 12/29/2015				(2,345	D	(4)		426,346		D				
			able II - Deriva (e.g., ۱				d, Disposed tions, conve				Owned					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		Execution Date,	Transaction Code (Instr. D 8) S	of I	Expira	ate Exercisable and ration Date th/Day/Year) 7. Title and Amount of Securities Underlying		ount of urities		8. Price of Derivative Security (Instr. 5)	9. Nun deriva Securi Benefi	ities icially	10. Owne Form: Direct	rship c E t (D) C	1. Nature of Indirect Beneficial Dwnership

Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr. 8)		r osed) r. 3, 4	(Month/Day/Year)		Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- qualified stock options (right to buy)	\$13.82						09/26/2010 ⁽⁵⁾	09/26/2016	Common Stock	25,000		25,000	D	
Non- qualified stock options (right to buy)	\$13.75						08/11/2012 ⁽⁶⁾	08/11/2018	Common Stock	80,000		80,000	D	
Non- qualified stock options (right to buy)	\$12.06						10/04/2015 ⁽⁷⁾	10/04/2021	Common Stock	10,000		10,000	D	
Non- qualified stock options (right to buy)	\$17.27						02/13/2016 ⁽⁸⁾	02/13/2022	Common Stock	21,800		21,800	D	

Explanation of Responses:

1. Represents plan holdings as of 12/31/15.

2. Employee stock purchase plan as of 12/31/15.

3. This report shall not be deemed an admission that the reporting person is the beneficial owner of the securities held by K.W.S. Properties LC. 4. This is a gift.

5. Becomes exercisable in equal annual installments of 20% commencing 09/26/2010.

6. Becomes exercisable in equal annual installments of 20% commencing 08/11/2012.

7. Becomes exercisable in equal annual installments of 20% commencing 10/04/2015.

8. Becomes exercisable in equal annual installments of 20% commencing 02/13/2016.

Kent W. Stanger

** Signature of Reporting Person Date

02/11/2016

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.