SEC Form 4	
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Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

	OMB Number:	3235-0287									
	Estimated average burden										
1	hours per response:	0.5									

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*         Millner F. Ann         (Last)       (First)         (Middle)							2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC</u> [ MMSI ]									f Reporting Pe able) r (give title		son(s) to Iss 10% Ov Other (s below)	vner	
(Last) 1600 WI		05	05/16/2024																	
(Street)			- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
SOUTH JORDAN UT 84095															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication															
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												d to					
		Tab	ole I - Nor	1-Deriv	/ativ	e Seo	curiti	ies A	cquire	d, Di	sposed c	of, or Be	eneficia	ally	Owned					
······································					insaction th/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.					, 4 and Secu Bene Own		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Cod	e V	Amount	(A) or (D) P		e	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	Stock, No	Par Value	6/202	/2024			А		2,431	2,431 <sup>(1)</sup> A		6 <mark>0</mark>	32,391		D					
		-	Table II -												wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date Execution Date, ITransaction of or Exercise (Month/Day/Year) if any (Month/Day/Year) Octoe (Instr. Derivative Acquite				umber Expiration Date (Month/Day/Year) (Month/Day/Year) (T. Title and of Securities Underlying Derivative S (Instr. 3 and D)					nd Amour ties ng e Securit	nount 8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amour or Numbe of Shares	ər						
Non- qualified stock options (right to buy)	\$50.5								06/07/20	19 <sup>(2)</sup>	06/07/2025	Common Stock	25,00	0		25,000	)	D		
Non- qualified stock options (right to buy)	\$52.17								05/24/20	20 <sup>(3)</sup>	05/24/2026	Common Stock	13,75	0		13,750	)	D		
Non- qualified stock options (right to	\$52.17								05/31/20	20 <sup>(4)</sup>	05/31/2026	Common Stock	7,500	0		7,500		D		

Explanation of Responses:

1. The reported transaction involved the reporting person's receipt of a grant of 2,431 restricted stock units (RSUs) under the Merit Medical Systems, Inc. 2018 Long-Term Incentive Plan. The RSUs vest on May 16, 2025. 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

05/20/2024

\*\* 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.