Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGI	ES IN BENE	FICIAL O	WNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden

0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Wright Joseph				2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI MSI								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)							
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 04/14/2017								President, International							
(Street) SOUTH JORDA	N U	Т	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)																
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transport Date (Month/L			action	2A. Deemed Execution Date,			3. Transacti Code (Ins				d (A) or	5. Amor Securiti Benefic Owned	int of 6 es I ially (Following (6. Owne Form: D (D) or In (I) (Instr	Direct Indirect E : 4) C	7. Nature of Indirect Beneficial Ownership			
							Code V	,	Amount	int (A) or (D)		Reporte Transac (Instr. 3	tion(s)		"	Instr. 4)			
									uired, Dis						·				
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if are		3A. Deemed Execution E if any (Month/Day	d 4 Date, T	ransaction ode (Instr.		5. Number 6. of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security		y D O (I	0. Iwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				C	Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amour or Number of Shares	er					
Non- qualified stock options (right to buy)	\$13.75								08/11/2012 ⁽¹⁾		08/11/2018	Common Stock	20,00	0	20,000		D		
Non- qualified stock options (right to buy)	\$13.14								07/31/2014 ⁽²⁾) (07/31/2020	Common Stock	10,00	0	10,000		D		
Non- qualified stock options (right to buy)	\$12.06								10/04/2015 ⁽³⁾) 1	10/04/2021	Common Stock	25,00	0	25,000		D		
Non- qualified stock options (right to buy)	\$17.27								02/13/2016 ⁽⁴⁾		02/13/2022	Common Stock	10,00	0	10,000		D		
Non- qualified stock options (right to buy)	\$16.05								01/28/2017 ⁽⁵		01/28/2023	Common Stock	20,00	0	20,000		D		

04/14/2018⁽⁶⁾

25,000

Α

Explanation of Responses:

\$28.2

Nonqualified

stock

options (right to buy)

 $1.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ on\ 08/11/2012.$

04/14/2017

- 2. Becomes exercisable in equal annual installments of 20% commencing on 07/31/2014.
- 3. Becomes exercisable in equal annual installments of 20% commencing on 10/04/2015.
- 4. Becomes exercisable in equal annual installments of 20% commencing on 02/13/2016.
- $5. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ on \ 01/28/2017.$
- 6. Becomes exercisable in equal annual installments of 20% commencing on 04/14/2018.

25,000

\$<mark>0</mark>

Common

04/14/2024

25,000

D

Fact

** 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.