## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title  A below:					
(Last) (First) (Middle) 1600 W. MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 09/09/2003								below) ``		x troller	below)		
(Street) SOUTH JORDAN UT 84095					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(Sta		Zip)		<u> </u>														
Date					insaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securitie			or Beneficially s Acquired (A) or If (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar				Instr. 4)	
Common stock, no par value					09/08/2003		09/08/2003		М		1,000	A	\$2.76	\$2.76 4,6		92			
Common stock, no par value 09/08						)3	09/08/2003		S		1,000	D	\$23.25	23.25 3,692		D			
Common stock, no par value 09/08						)3	09/08/2003		M		1,000	A	\$2.76	4,692		D			
Common stock, no par value 09/08						)3	09/08/2003		S		1,000	D	\$23.054	3,692		D <sup>(1)</sup>			
											sed of, o			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	I A	4. Transaction Code (Instr.		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and te	7. Title an of Securit Underlyin Derivative (Instr. 3 a	d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)				
Nonqualified stock options (right to buy)	\$2.76	08/08/1988	08/08/1988		A		4,167		09/30/2	2003	03/31/2004	Common Stock	4,167	\$2.76	4,167		D		
Nonqualified stock options (right to buy)	\$2.76	09/08/2003	09/08/2003		A		2,000		02/12/20	002 <sup>(2)</sup>	02/12/2011	Common Stock	2,000	<b>\$</b> 2.76 12,501		01	D		
Nonqualified stock options (right to buy)	\$10.14	08/08/1988	08/08/19	88	A		16,667		12/07/20	)02 <sup>(3)</sup>	12/07/2011		16,667	\$10.14	16,667		D		
Nonqualified stock options (right to	\$12.99	08/08/1988	08/08/19	3/1988			13,334		02/04/20	004 <sup>(4)</sup>	02/06/2013	Common Stock	13,334	\$12.99	13,33	34	D		

## **Explanation of Responses:**

- $1.\ By\ 401(k)\ plan;\ represents\ plan\ holdings\ as\ of\ 12/31/02\ based\ upon\ most\ recent\ plan\ statement\ timely\ distributed.$
- 2. Become exercisable in equal installments of 20% commencing 02/12/02
- 3. Become exercisable in equal installments of 20% commencing 12/07/02
- 4. Become exercisable in equal installments of 20% commencing 02/06/04

**Greg Barnett** 

09/09/2003

\*\* 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.