FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

illington, D.C. 20549	OMB APPROVAL

l	OMB Number:	3235-0287
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l	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*  STANGER KENT W						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC  [ MMSI ]									eck all app	olicable) ctor	•	ting Person(s) to Issuer  10% Owner		
(Last) (First) (Middle) 1600 W MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2003									X Officer (give title Other (specify below)  Chief Financial Officer					
(Street) SOUTH JORDAN UT 84095						12/10/2003 Line									Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		Zip)																	
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				tion	ion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)		r	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D) Price		•	Transaction(s) (Instr. 3 and 4)				msu. 4 <i>j</i>			
Common	Stock, No I	Par Value		12/09/	2003	12	/09/2	003	S		10,000	D	\$22	2.25	25 63,001 <sup>(2)(3)(4)</sup> I <sup>(1)</sup> Fami Ltd. Partr					
Common	Stock, No I	Par Value		12/09/	2003	12	/09/20	003	S		4,100	D	\$22	2.25	6 63,001 <sup>(2)(3)(4)</sup> I <sup>(1)</sup> Ltd				Family Ltd. Partnership	
Common	Stock, No I	Par Value		12/09/	2003	12	/09/20	003	S		900	D	\$22	2.25	.25 63,001 <sup>(2)(3)(4)</sup> I <sup>(1)</sup> Ear Ltd Par					
Common	Stock, No I	Par Value		12/09/	2003				J		0	A	(2	2)	470,6	16 <sup>(2)(3)</sup>		D		
		Та	ble II						,		osed of, convertib			•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	· • · ·	4. Transa Code ( 8)	ction	5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr	mber rative rities ired r osed )	•	Exerc	cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		De Se (In		9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Number of Shares							

## **Explanation of Responses:**

- 1. This Amendment is filed to correct the reference to the ownership form of the shares sold in the subject transaction. The referenced shares were sold by a family limited partnership of which the reporting person holds an indirect interest.
- 2. This Amendment is also filed to correct a computational error in the number of shares previously reported as being held, directly or indirectly, by the reporting person following the transactions originally
- 3. Number reflects stock split (4 for 3 forward split) effective 12/3/2003.
- 4. 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.

05/19/2014 Kent W. Stanger

\*\* 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.